Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Exa	mpie 11	11
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dea of importance were as follow		Date of onset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street car	CI SIVILE	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
Other contributory causes of importance:		Other contributory causes	of importance:	A
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FUR	HER STATEMENTS BY PHYSICIAN
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1. PLACE OF DEATH  County Carried  County Carried  Village or City Lykewrite  Langth of exidence in city or toon where doub occurred. I yes — mee. I death occurred in shoofful a institution, give in NAME insected of street and number)  2. FULL NAME  Langth of exidence: No. Institute I yes — mee. I death occurred. I was not to street and number)  (a) Residence: No. Institute I Cloud place of shooks  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  ON WHITE OF DEATH  3. SEX  4. COLOR OR RACE  ON WHITE OF DEATH  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J 133 T  (Month)  1. SEX (LOCAD OR RACE  ON WHITE OF DEATH  And I J J J J J J J J J J J J J J J J J J	STATE OF MARYLAND—	CERTIFICATE OF DEATH	01
Village or City Sykewille  Langth of residence in city or town where desth occurred 2 yrs		92-0	
Leagth of residence in city or town where desth occurred. 2. yrs. mos. 7 ds. How long in U.S. Hol foreign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: No. Parlicuran. No. (Unaslice of shode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARRED, WIDOWED  OR DIVORCED Curvic His word)  St. I Married, widowed, or diverced in USAND  Control of BIRH (month, day, and year) Lubran. Lubran. 1872  1. DATE OF BIRH (month, day, and year) Lubran. Lubran. 1972  1. The PRICIAL CAUSE OF DEATH and related causes of importance were as a closes.  Only to the ward one, as SIKM MILL  Order of the Contributery Cause of Importance:  Order of Control o		Registration Dist. No.	
Leagth of residence in city or town where desth occurred. 2. yrs. mos. 7 ds. How long in U.S. Hol foreign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: No. Parlicuran. No. (Unaslice of shode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARRED, WIDOWED  OR DIVORCED Curvic His word)  St. I Married, widowed, or diverced in USAND  Control of BIRH (month, day, and year) Lubran. Lubran. 1872  1. DATE OF BIRH (month, day, and year) Lubran. Lubran. 1972  1. The PRICIAL CAUSE OF DEATH and related causes of importance were as a closes.  Only to the ward one, as SIKM MILL  Order of the Contributery Cause of Importance:  Order of Control o	Village or City Sykewille	No. Springpeed State Hospital St.	Ward
2. FULL NAME  (a) Residence: No. Bulking. Na  (b) Residence: No. Bulking. Na  (c) Residence: No. Bulking. Na  (d) Residence: No. Bulking. Na  (e) Residence: Na  (e) Residence: Na  (e) Residence: No. Bulking. Na  (e) Residence: Na  (e) Re	(If Length of residence in city or town where death occurred 2 yrs. — mos.	death occurred in a hospital or institution, give its NAME instead of street and number of the long in U.S. if of foreign birth?	mber)
(a) Residence: No. Bulliman Ma (Usus) place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  A. COLOR OR RACE  Duth  So. SINGLE, MARRED, WIDOWED, OR DIVERGES (curic the word)  And Account Month  So. II married, widowed, or divorced  (a) WHEE of Warren  So. DATE OF BIRTH (month, day, and year) Lumman Luckum / 872  I here by the state of the date stated above, at 1, 30 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as following.  So. DATE OF BIRTH (month, day, and year) Lumman Luckum / 872  I here by the state of the date stated above, at 1, 30 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as following to stated above, at 1, 30 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as following to stated above, at 1, 30 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as following to stated above, at 1, 30 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as following.  Other Contributory Causes of Importance:  Date of onests of this occupation (month and spent in this occupation) (Other Contributory Causes of Importance)  By the state occupation of the date stated above, at 1, 30 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as following.  Other Contributory Causes of Importance:  Date of onests of this occupation (month and spent in this occupation) (Other Contributory Causes of Importance)  The principation of the date stated above, at 1, 30 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as following.  Other Contributory Causes of Importance:  The principation of the principation of the principation of the date occupation of deceased?  The principation of the			
PERSONAL AND STATISTICAL PARTICULARS  9. SEX  1. COLOR OR RACE  1. S. SINCIE, MARRED, WIDOWED.  OR DIVORCEO (write the word)  White  1. DATE OF DEATH  Marked, 134  1944  1944  1954		St Ward Bultimore. ma	
3. SEX Mell  Mult	(Usual place of abode)	If nonresident give city or town and S	tate
The property of the property o			
12. BIRTHPLACE (city or town)  13. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)  15. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  18. MAME  19. MA	OR DIVORCED (write the word)		193 <sup>1</sup>
8. DATE OF BIRTH (month, day, and year) Luchnan Making - / 872  7. AGE  Years  Months  Days  11 LESS than 15 16 day. In his of min.  8. Trade, profession, or perticular  Note was done, as SPIRNER, Making in the principle of work done, as SPIRNER, Making of work done, as SPIRNER, Making of work done, as SILK MILL.  9. Additional of work done, as SILK MILL.  9. Additional of work done, as SILK MILL.  10. Date deceased last worked at specific or town.  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIETHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURAL, CREMATION, OR REMOVAL  Manner of injury  19. UNDERTAKER  (Address)  Date of specific or town of the profit of the control of the country of the profit of the country of the principle of the profit of the country of the country of the principle	HIISRAND of	22. I HEREBY CERTIFY, That I attended de	
7. AGE  Years  Months  1 Agy  Luthurn  Luthurn  1 Agy  Luthurn  Luthurn  1 Agy  Luthurn  Luthurn  1 Agy  Luthurn  Luthurn	6 DATE OF BIRTH (month day and year) 1/ 44/2000 Muleyons - 1872		
8. Trads, profession, or particular hind of work done, as SPINNER. Unknown  SANYER, BOOKKEPER, etc.  3. Industry or business in which work done, as SPINNER. Unknown  3. Industry or business in which work done, as SPINNER. Unknown  3. Industry or business in which work done, as SPINNER. Unknown  3. Industry or business in which work done, as SPINNER. Unknown  3. Industry or business in which work done, as SPINNER. Unknown  3. Industry or business in which work done, as SPINNER. Unknown  3. Industry or business in which work done, as SPINNER. Unknown  4. Date of oneset worked darterinal Carterinal Ca			
8. Trada, profession, or particular residences of the profession of of the prof		wara as fallows:	Data of south
12. BIRTHPLACE (city or town) underson  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  19. UNDERTAKER  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (City or town)  (City or town	8. Trada, profession, or particular kind of work done as SPINNER.		Date of onset
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13. NAME CAPTION 19 14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME CAPTION 19 Was there an autopsy? No What test confirmed diagnosis? Caption Was there an autopsy? No What test confirmed diagnosis? Caption of the following:  16. BIRTHPLACE (city or town) (Specify city or town, country and State)  17. INFORMANT Chart for the following: Accident, suicida, or homicida? Data of injury occur?  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL  Manner of injury  19. UNDERTAKER Data Caption of deceased?  19. UNDERTAKER (Addrass) Caption of deceased?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Was there an autopsy? No What test confirmed diagnosis? Under State or injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  17. INFORMANT Charter of injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL  19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER (Addrass) Caption of Manner of injury in any way related to occupation of deceased?  19. UNDERTAKER (Signed) A Data Caption of Manner of injury in any way related to occupation of deceased?	(State or country) many lands	Mitral Regurgetation	Fro. 25:
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIETHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATIDN, OR REMOVAL  (Address)  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  (Stata or country)  What test confirmed diagnosis? Was Advanced by Was there an autopsy?  What test confirmed diagnosis? Was Advanced by Was there an autopsy?  What test confirmed diagnosis? Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  Accident, suicida, or homicida?  Data of injury  Where did Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Natura of Injury  Natura of Injury  19. UNDERTAKER  (Addrass)  (Addrass)  (Signed)  MANNER  M. D.  Was there an autopsy?  Accident, suicida, or homicida?  Accident, suicida, or homicida?  Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Natura of Injury  Natura of Injury  (Signed)  M. D.  (Signed)  M. D.  (Signed)	13. NAME Lukuwn	0	
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIETHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATIDN, OR REMOVAL  (Address)  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  (Stata or country)  What test confirmed diagnosis? Was Advanced by Was there an autopsy?  What test confirmed diagnosis? Was Advanced by Was there an autopsy?  What test confirmed diagnosis? Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  Accident, suicida, or homicida?  Data of injury  Where did Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Natura of Injury  Natura of Injury  19. UNDERTAKER  (Addrass)  (Addrass)  (Signed)  MANNER  M. D.  Was there an autopsy?  Accident, suicida, or homicida?  Accident, suicida, or homicida?  Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Natura of Injury  Natura of Injury  (Signed)  M. D.  (Signed)  M. D.  (Signed)	14. BtRTHPLACE (city or town)		
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17. INFORMANT Thurs ful a Tate Assigned (Records)  18. BURIAL, CREMATION, OR REMOVAL  Manner of injury  Natura of Injury  19. UNDERTAKER  (Addrass)  18. BURIAL CREMATION, OR REMOVAL  Manner of injury  Natura of Injury  (Signed)  Marris  M	O 16. BIRTHPLACE (city or town) - Warner (State or country)		, 19
18. BURIAL, CREMATION, OR REMOVAL    Manner of injury   Natura of Injury	17. INFORMANT Opring free state Asspetal (Records)	(Specify city or town, county and State)	Έ.
(Address) Baltimore IIId. If so, specify John h Morris M. D.	18. BURIAL, CREMATION, OR REMOVAL		
May 13 22 Pollen Stage (Signed) town h Morris M.D.		If so, specify	
		(Signed) & ohn h Marris	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I 🚸 🔪	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset
Arteriosclerosis S	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	A .		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1 02602
1. PLACE OF DEATH	Registration Dist. No. 75
Village or City enclose RD,	No
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrale Write Single, Married, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 28: 1932 (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of William W. arthur	22. 1 HEREBY CERTIFY, That I attended deceased from ,19 ,19 ,19
DATE OF BIRTH (month, day, and year) June 14 1845	I last saw h; death is said
AGE Years Montos Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, Journal SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Claute difation
work was done, as SILK MILL, SAW MILL, BANK, etc	of the heart
10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
(State or country) Balto Ce	Other Continuous Causes of Importance.
13. NAME Frederick Bailey	
(State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
Q 100 E	Accident, suicide, or homicide?Oate of injury19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT'S Dorah & Cotatory (Address) Successor had	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION OR REMOVAL TO Oate Offil 1, 1932	Manner of Injury
19. UNDERTAKER Harte externations were less (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILEOMOW. 30 1 1932 Mrs. F. R. S. Denner	(Signed) Ohesles Lielfere M.B.
Registrar.	(Address) Coroner

(Address) .....

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ST
1. PLACE OF DEATI
County Carr
Village or City_ M.
Length of residence in city
2. FULL NAME
(a) Residence: No.
PERSONAL AND 3. SEX 4. COLOR
male It
5a. 11 married, widowed, or divorce HUSBAND of Clice &  (or) WIFE of
C DATE OF BIRTH (month day)
6. DATE OF BIRTH (month, day, a
80
8. Trade, prolession, or part kind of work done, as SAWYER, BDOKKEEP! 9. Industry or business in v work was done, as SIL SAW MILL, BANK, etc. 10. Date decessed last worke this occupation (montly year)
12. BIRTHPLACE (city or town)
13. NAME Hama
14. BIRTHPLACE (city or town
(State of Country)
15. MAIDEN NAME
O 16. BIRTHPLACE (city or town
17. INFORMANT Quee (Address) Mane
18. BURIAL, CREMATION, DR REI
Place De Alimo
19. UNDERTAKER Jaco
Mad 14th

STATE OF MARYLAND—	CERTIFICATE OF DEATH 62603 -
1. PLACE OF DEATH	93€
County Carrolly Co:	Registration Dist. No. 7.5
Village or City Man Chesler	NoSt.,Ward
/ /	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME of over 1000 sey warren	2:110. 1 0
(a) Residence: No. (Usual place of abode)	St., Ward. / Mathewards, Id.:  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wyie the word) Married Married	21. DATE OF DEATH Mar 13
5a 11 married widowed or diversed	(Month) (Day) (Year)
HUSBAND of alice E. Barber	22.     HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 10 one, 13 da. 1851	I last saw h 1 live on Way 12 , 1932; death is seid
7 AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 7. A.m.
80 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade orolection or particular	Olivone my conditio Date of onset
SAWYER, BDOKKEEPER, etc	<u></u>
9 Industry or business in which work was done, as SILK MILL, Laborer SAW MILL, BANK, etc.	
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10 Date deceesed last worked at this occupation (month and low) spent In this occupation occupation	
12. BIRTHPLACE (city or town) Line estatone, Infection Co. La (State or country)	Other Coutributory Causes of Importance:
13. NAME Homas Van Palgah Barber	
13. NAME Homas Jan Palgal Barber  14. BIRTHPLACE (city or town) in early lemps:	Name ol operation Date of
(State of Country) Annual Manya.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Germale, Noolsey	23. If deeth was due to external couses (VIOLENCE) fill In also the Tollowing:
15. MAIDEN NAME GENTRADE Noolsey  16. BIRTHPLACE (city or town) Kinsage Gentral  (State or country)  New York	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT alice & Wartester, Manufande	Specily whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Mifflindungle. Pay, Date Mch. 17", 1932	Menner ol injury
19. UNDERTAKER Lacor Winder Sons: (Address) Manchester, Manyland.	24. Was disease or injury in any way related to occupation of deceased? No
20. FILE Man. 14th, 19 3 2 Mrs. 9 9. S. Denner Registrar.	(Signed) Who here M. D.  (Address) Manchestly, Ind.
If many black are all all Co. P.	N. Cl. J. C. D. J.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 4 1932	July 5,1927	Peritonitis	3 days ago
	•		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registra

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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E	kample I	August	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Dete of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	APR 0 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AFK 0 1932	July 5,1927	Peritonitis	3 days ago
	BUREAU V	S.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

TION is very important.

B.—WRITE

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

62605

1. PLACE OF DEATH	92-0	,
County Carrell	Registration Dist. No.	4
Village or City Resoulle - (If	No Recus Geeld Wale Hope death occurred in a hospital or prospection, give its NAME instead of street and s	pumber)
Length of residence in city or town where death occurredyrs		os. Jak ds.
2. FULL NAME Ella Vietaria Di	eus Luepa	ការ ជា! 
(a) Residence: No. 3 D 2 5 Shace Tree (Usual place of abode)	uest, Districie Ma	orlw State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Color of RACE OR DIVORCED (write the word)	21. DATE OF DEATH /4 (Month) (Day)	, 193. 2 (Year)
ba. If married, widowed, or divorced HUSBAND of	1 July 1 July 2 For Control of the C	out th
(or) WIFE of Milkelson, Denguyer	22. HEREBY CERTIFY, That I attended	agceased from
6. DATE OF BIRTH (month, day, and year) March 29, 1863	last saw bet alive on March 16 1997	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 2m.	1 10
68 1/ 19 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	dania
8 Trade profession or particular	were as follows:	Date of onset
SAWYER, BODKKEEPER, etc.	Teresel arterior cluss;	6-193
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		- idila
D Date deceased last worked at this occupation (month end spent in this occupation cocupation		
Mary Land	Other Contributory Causes of Importance:	of im
12. BIRTHPLACE (city or town)  (State or country)	Chranic Valuation Hear	1001
13. NAME Franklin W. Hewell	Tues	-4076.
13. NAME Transless W. Sewell 14. BIRTHPLACE (city or town). Mary Sand	Name of operation Date of	Conolu
(State or country)	What test confirmed diagnosis? Was there an a	autopsy?
15. MAIDEN NAME Kalkerice Cun Drawily	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Kalkerinellun Beauch	Accident, suicide, or homicide? Date of injury	7,10.7
State or country)	Where did Injury occur?	Gallet
17. INFORMANT Archital Cocacas (Address)	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PL	
18 BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Bathimore Cereley Date Mar. 19, 1972	Nature of injury	
19. UNDERTAKER Thus. Cook	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Ballierone Md.	If so, specify	
20. FILED Mars / 7, 1932 attany Much	(Signed) Mare My Rees	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No.

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	+

1.	1,	1	60	0
J	6	()	U	6

1. PLACE OF DEATH	(131)	1
County Carroll	Registration Dist. No.	
Village or City Syxercele W. (1)	No. Springfuld State Workstal feath occurred in a hospital of matter than the state of street and numbs. 18 ds. How long In U.S. if of foreign birth? yrs. mos.	- Ward ber)
1 1	A second	
2. FULL NAME Fredrick 10 Telse  (a) Residence: No. 5 prung field State Huy  (Usual place of abode)	hitsel Ward. Cumberland	c
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Siversed.	21. DATE OF DEATH warch - 28th (Month) (Day)	3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  405.5.	22. I HEREBY CERTIFY. That I attandad dece warch 11 th 1926, to warch 28-	19.3 2
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.  8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows:  Cerraral arterio selerosio 22	ate of onse
9. Industry or business in which work was done, as SILK MILL, Gracery allegary Causty SAW MILL, BANK, etc.  10. Data decaasad last workad at this occupation (month and year)	Other Contributory Causes of importance:	2724
(State or country) all garry Country	Chronic Intsitial Nephritis!	926
14. BIRTHPLACE (city or town)	Name of operation 2000 Date of Was there an autor	
15. MAIDEN NAME WYKNOW	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
16. BIRTHPLACE (city or town) university  15. State or country)  17. INECOMMAN & pringfuld state Norpital	Accident, suicide, or homicide? Data of Injury  Where did injury occur? (Specify city or lown, county and State)  Consider whether injury occurs and Injury In	
17. INFORMANT Pringfuld State Hospital (Address) (Records) Sykerulle. This 18. BURTAL, CREMATION, OR REMOVAL	Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of injury - 112 - 11	
Fronthing Md Date Mar 31, 193:	Nature of injury	
19. UNDERTAKER Wille Will.	24. Was disaase or injury in any way ralated to occupation of deceased?	
20. FILED Mar 78. 1932 Coffary I see Registrar.	(Address) (S.S.N.) Ryklsoville, My	M.

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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 2 1932	July 5, 1927	Peritonitis	3 days ago
	BURBATT	Ď		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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0.	
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1. PLACE OF DEATH		93-0	-1./
County Carroll		Registration Dist. No.	74-
Village or City Lykersul	le	No pengalla Stale Hange	tal Wa
Length of residence in city or town where de	/ - 1	death occurred in a horpital of institution, give its NAME instead of street and death of the death of street and death occurred in U.S. if of foreign birth?yrs,	
2. FULL NAME MAKE!	hT. 1.1		
	vonce	N. A.T.	orlw
(a) Residence: No. 194 VXL	(Usual place of abode)	Ward. If nonresident give city or town a	nd State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Lewal white	wedsued	March 26 (Month) (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of	, 8		-100
(or) WIFE of Clubenous	u / Wahl	May 15 1931 to March 2	
1.1	1.12.1855	I last saw her alive on March 26 19.2	
6. DATE OF BIRTH (month, day, and year) Xe Xe 7. AGE Years Months	Days If LESS than	to heve occurred on the date stated above, at 45 Pm.	; death is s
76 6	/ 4   1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
8. Trade profession or perticular	/ ormin.	were as follows:	Date of on:
8. Trade, profession, or perticular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.	doul -	Mureautest Descuration	3-15
9. Industry or business in which work was done, as SILK MILL,		1	
O (	1	Cleute Cardeac Velalelon	3-24
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
1		Other Cuutributury Causes of importance:	mr Ta
12. BIRTHPLACE (city or town)	Eaud.		
œ	7. 10 -		
14. BIRTHPLACE (city or town) (State or country)	eeng,	Name of operation	
# 15. MAIDEN NAME Klyateth	Lucken	What test confirmed diagnosis?	
T	al and	23. If deeth wes due to external causes (VIOL ENCE) fill in also the follow Accident, suicide, or homicide? Date of Injury	A STATE OF THE PARTY OF
16. BIRTHPLACE (city or town) Mare (State or country)	,	Where did Injury occur?	, 19
Santiot.	Reado	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate)
17. INFORMANT August (Address) De Resuelle	Med		21102
18. BURIAL, CREMATION OR REMOVAL	544	Manner of injury	
Supportly Civiling	Date Mac. 29, 19.32	Neture of injury	
19. UNDERTAKER John Welli	ch	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Baltime	e md.	If so, specify	
20. FILED MAL 27 1932 PH	my Weer	(Signed) Maced M. Tels	М
	Registrar.	(Address) Syperwille Mid	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBEU V. O.	į		
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-20
County Canall	Registration Dist. No.
Village or City Hang stead	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town whare peath occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Laure C. 1905	leng
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX  4. COLOR OR RACE  OR DIVORCED (which the word)  Temale  White  Single, MARRIED, WIDOWED,  OR DIVORCED (which the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorce€ HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
0 113 16 6 6	hul 3 , 19 3 2, to hul // Th, 19 3 2
6. DATE OF BIRTH (month, day, and year) June 11- 1885	I last saw her alive on land 19.3.2; death is said
7. AGE Years Month Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
76 7 or	were as follows: Date of onset
8. Trade, prefession, or particular kind of work done, as SPINNER, Hause Wark	15 Louis (3/7/32
9 Industry or business in which	
Work was dona, as SILK MILL, SAW MILL, BANK, etc	
- Spont in this	
year) occupation	Other Contributory Causes of importanco:
12. BIRTHPLACE (city or town) (State or country)  Manual mand	
I T	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of
	What test confirmed diagnosis? Was there an aulopsy? Was there an aulopsy?
I I	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicida?
O 16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
17. INFORMANT Harry Polyley (Address) Harry Polyley	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Greenmant Date March 13, 1932	Nature of injury
19. UNDERTAKER Jacob Winks Sous	24. Was diseasa or injury In any way related to occupation of deceased?
20. FILED March 11, 1932 Javin & Leister	(Signed) All Realy M. D.
Regiŝtrar. If more blanks are needed, address State Revistrar.	(Address) # Company V. S. No. z.
The state of the s	-7 Commer Commerce, weammerce, Mediaconnia Co. D. 110. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis C 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 4 1985			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	R FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state N. B.-WRITE PEAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE (	Carrol			Tubercul		23		tration Dist. No. 7	02609 4
Village or		nryton			No				the Mark
Langth of re	sidence in city	or town where	death occurred	O yrs. 5 mos	death occurred	f in a hospital or in How long in U.S	stitution, give it if of foreign bi	s NAME instead of stre	et and number)mosds
2. FULL NA (a) Reside	7.7	lda Be lkridg	eatrice e, Howa	rd Co., 1	d •st.,	Ward.	16		
PERSO	NAL AND	STATIST	ICAL PART			MEDICAL		resident give city or too	
3. SEX Female	4. COLOR		5. SINGLE, MAI	RRIED, WIOOWEO,	21. DAT	E OF DEAT	en 10,	1932.	198
5a. If married, wide HUSBAND of	wed, or divorce	d					(Month)	(Oay)	(Year)
(or) WIFE of					2210/9	/3TERE	BYCER	TIFX./Hat //at	ended decaasad from
6. DATE OF BIRTH	(month day a	nd year) Ju	ne 7, 1	913	I last saw h	er alive on	March	10, 1932	9: death is said
7. AGE Y	ears	Months 9	Days 3	If LESS than 1 day,hrs. ormin.		urred on the date :		8.45 A.M.	•
8. Trade, prof	ession, or parti work done, as R, BOOKKEEPE	cular	Domesti		Fulm	onary T	ubercu	losis	Date of enset
SAWYE	R, BOOKKEEPE	R, etc.	Domesor	. U					
Work w	business in w as done, as SIL ILL, BANK, etc.	K MILL,							Aug.
10. Date decea		d at end	11. Total i	tima (yaars) ent in this ———— upation					1930
2. BIRTHPLACE (c	city or town)	Maryla	nd		Dther Conti	ributory Causes of i	mportance:		
13. NAME	Nathan	Carte	r						
13. NAME 14. BIRTHPLAC	E (city or town	Mary	rland		Name of op			0a	any,
15. MAIDEN N.	AME B11	a Myer	'S					NCE) fill in also tha fo	
15. MAIDEN N. 16. BIRTHPLAC	E (city or town or country)	Mary	rland		Accident, su		?	Date of injury_	
17. INFORMANT (Address)		. 0'Ne	eill, M.	D.			(Specify	city or town, county a f, in HDME, or In PUBL	nd State) LIC PLACE.
18. BURIAL, CREMA	landy	e And.	Date Mas	ohld 1932	Manner of I				
19. UNDERTAKER	1027x	18 Fr	adveir pie as			sa or injury in an	-	o occupation of decaase	d? 200.
3/1	0/32	Stal.	60	Mille	(Signed	)	10%	un. 6, ()	Mellom D

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURYAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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should state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 62610
1. PLACE OF DEATH	(18)
County Carroll	Registration Dist. No.
Village or City Mast Falls, - P.f. S. Mi	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of resideoce In city or town where death occurredyrsmos.	Hew long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Settie lo. Chaney.	<u></u>
(a) Residence: No. (Usual place of above)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Ramed,	21. DATE OF DEATH  Starch = 2/ = 193 ~ (Month) (Day) (Year)
5a. If married, widowed, or divorced bushave of morney branch -	22. I HEREBY CERTIFY, That I attended deceased from
100. 4	Jan
6. DATE OF BIRTH (month, day, end yeer) /892 - 1 - 6  7. AGE Years Months Days If LESS than	I last saw h alive on
20 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8. Trade, profession, or perticular kind of work done, as SPINNER,	were as follows: Intustitial Rephritis 1929
SAWYER, BOOKKEEPER, etc.	myrearditia 1925
work was done, as SILK MILL, SAW MILL, BANK, etc.	J
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end year) year)  11. Total time (years) spant in this occupation	- 2
10 PIRTURA ACT (situations) Frederick les	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Hypettenson 1930
	16/32
13. NAME Spencer Co. Affell,  14. BIRTHPLACE (city or town) Fredrick Co.	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Olla Coperation, 16. BIRTHPLACE (city or town) Frederick Cas,	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
0 16, BIRTHPLACE (city or town) Trederick Con	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Many Care 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT V. Monroe Opening (Address) of f. D. Met. any 144d.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tropped Coesely Date March 23, 1932	Nature of injury
19. UNDERTAKER 6. M. Malt, (Address) Francicle Fred,	24. Wes disease or injury in any way related to occupation of deceased?
Nov. 2 2 2 0 0 0	(Signed) Aleuty Fabril M. D.
20. FILED 1997 Registrar.	(Address) myain md

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year

STATE OF MARTEAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Carroll	Registration Dist. No.
Village or City & auber	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Elizabeth aryand	es resuell
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  A. C.	22. MI HEREBY CERTIFY. That t attended doceased from 1932 to Worch 20 1932
6. DATE OF BIRTH (month, day, and year ling. 29 1868	t last saw h. CA alive on Wearch 19 1932; death is seid
7. AGE Years Months Days If LESS then 1 day,hrs.	to have occurred on the date stated above, et
60 60 61 or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	August 7 Lines
9. Industry or business in which	Charles Man
work was done, as SILK MILL, SAW MILL, BANK, etc	Janas
O 10. Date deceased last worked at this occupation (month and year) occupation occupation	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
# 13. NAME Geo. F. Stroker	
13. NAME See . F. Stake Relief	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? They was there en autopsy? 40
15. MAIDEN NAME William Day	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Suitasing Hel.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
48. BURIAL, CREMATION, OR REMOVAL	Manner of injury
William Language Date / War Las 1930	Nature of injury
19. UNDERTAKER / Let you (Address) Supposite Mid.	24. Wes disease or injury in any way related to cupation of deceased? WO —
20. FILED May 21, 193 2 Chany Melli Registrar.	(Signed) Westwarder M. D.  (Address) M. D.
Acgurar,	(Addless)

STATE OF MARYI AND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	1 1 1
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
21710710301070313	3	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 20 C 133E	July 5,1927	Peritonitis	3 days ago
	BURTAU V. G.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstönes		May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state IS A PERMANENT RECORD. Every item of infor-Exact statement properly classified. FOR BINDING WITH UNFADING INK-THIS MARGIN RESERVED pe AGE should be CAUSE OF DEATH in plain terms, so that it may be carefully supplied.

certificate.

Jo

See instructions on back

TION is very important.

mation shortd -WRITE

V. S. No. 1 B ż of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2)
County Carroll	Registration Dist. No.
Village or City Sykesville	No. Shansfield Stat Horfital St, Ward death occurred in a horbital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	26 ds. How long in U.S. if of foreign birth?mos ds.
2. FULL NAME Overett Curtin	
(a) Residence: No. Prince Georges Co. Ind. (Usual place of abode)	St., Ward. Prince Georges Co. Mcl.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Thate  Thate  Thate	21. DATE OF DEATH March /2 = 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of In ander name "bukewown	22. I HEREBY CERTIFY. That I attended deceased from October 26 ,19 31, to March 12 ,19 32
6. DATE OF BIRTH (month, day, and year) Unharm huhurm 1888	I last saw h am alive on March /2 1932; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.45 Pm.
43 Underwoon Unterson 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, None SAWYER, BOOKKEEPER, etc.	1/ 1 + 0/ 1924
A Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Huntingtons Chorea 1924
kind of work done, as SPINNER, None SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year) occupation  11. Total time (years) spent in this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Turknown (State or country) Med.	Chroni Myscarditis 1924
13, NAME John & Curtan	
13. NAME John C. Curten  14. BIRTHPLACE (city or town) Unknown  (State or country)	Name of operation which the state of the sta
15. MAIDEN NAME Mary Sopher	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mary Sopher  16. BIRTHPLACE (city or town) The Revover  (State or country)	Accident, suiside, or homicide?
17. INFORMANT Springfuld that Hispatal (Records)  (Address) Superall md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL Place Plantage Company 15, 193.2	Manner of injury
19. UNDERTAKER Hurry M. Sadally (Address) Maskington & C.	24. Was disease er injury in any way related to occupation of deceased?
20. FILED/Mar 13, 1937 CHarry Nee	(Signed) John M. Morris M. D. (Address) (S.S.H.) Lykesville, Med.

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Example 1	1	Example II	
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Chronic interstitial nephritis 1	1921	Run over by street car	1 week ago
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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	5613
1. PLACE OF DEATH	(23)	201
County Carrale	, Registration Dist. No.	74
Village or City Ry Resvelle	Not kem speels Vale Xlassoft	etal Ward
(I	death occurred in a hospital or institution, give its NAME instead of street an	d number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrs	_mosas.
2. FULL NAME Caralina & setz	19-	A Soller
	St., Ward. Alleur St. If nonresident give city or town a	18
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED,	21. DATE OF DEATH	
female white OR DIVORCED (write the word)	March 24 (Month) (Oay)	, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Charles & Duet	22.   I HEREBY CERTIFY, Thet I attend	
T.1 2 7 422	1 last saw her alive on Presch 24, 19.5	
6. DATE OF BIRTH (month, day, and year) + 15. 25. 18 22.  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	death is said
( )   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
8 Trade profession or particular	were as follows:	Date of enset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and specific properties).	S	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Luber guloress 17 Chr.	1951
10. Oate deceased last worked at this occupation (month and spent in this occupation week)	Lungs O	
	Other Contributory Causes of importance:	ent to
12. BIRTHPLACE (city or town) Mary and (State or country)	1	
	Chrisica Repetrilia	1.4.0.9
E BI		
14. BIRTHPLACE (city or town) Many Many Many Many Many Many Many Many	Neme of operation Oete of	
	Whet test confirmed diagnosis? Was there a	
T T	23. If death was due to external courses (VIOLENCE) fill in also the follow	The state of the s
16. BIRTHPLACE (city or town) Maky Land (State or country)	Accident, suicide, or homicide? Dete of Injury Where did Injury occur?	, 19
17. INFORMANT Agopetal Recurso	(Specify city or town, county and S Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC	State) PLACE.
(Address) By Resuelly Md.		
Place Balling Date March 29, 1932	Manner of injury	
19. UNDERTAKER A Sander Jones In	24. Wes disease or injury in eny way related to occupetion of deceased?	
20. FILED Mar 24, 1932 CHarry Heer	(Signed) Mayd M. Theo.	M. D.
Registrar.	(Audiess) . 2007 February	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "inechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	PHETHER	STATEMENTS	DV	DUVCICIAN
ADDITIONAL	SPACE	FUK	FURTHER	STATEMENTS	15 Y	PHYSICIAN

See instructions on back of certificate.

TION is very important.

should state

of OCCUPA.

V. S. No. 1 m ż

1. PLACE OF DEATH	CERTIFICATE OF BEATH 1/2(	) ] 4
County Carros	Registration Dist. No. 26	
Village or City her Sauben	NoSt., death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Length of residence In city or town where death occurredyrs,mos.		
2. FULL NAME Marrey Jane Edu	ondson.	
(a) Residence: No(Usual place of abode)	St., Ward.  If nonresident give city or lown and State	8
PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writ the ward)	21. DATE OF DEAThrach (Month) (Oay) , 193	32_ (Year)
5a. If married, widowed or divorced HUSBANO of (or) WIFE of John Thomas Education	22. 1 HEREBY CERTIFY, That I ettended dece	
5. DATE OF BIRTH (month, day, and year) / 854 - 10 - 16	I last saw h.	19 <del>≈2. ≤</del> ath Is said
7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	te of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Housevarle SAWYER, BOOKKEEPER, etc.		teoronset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Lobor numa 3	17/32
10. Date deceased last worked at this occupation (month and 2) 25 spent in this year) 11. Total time (years) spent in this occupation.		
12. BIRTHPLACE (city or town) Carroll Cauchy (State or country) Lugar Land	Other Contributory Causes of importance:	
13. NAME Wesley Pasaish		
14. BIRTHPLACE (city or town) Lovel Co	Name of operation Oate of	
(State or country) Wenylored -	Whet test confirmed diagnosis? Was there an aulop	sy?
15. MAIDEN NAME Wag alleve Norman	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
(State or country)	g where did injury occur.	, 19
17, INFORMANT John J. Edwondson - (Address) Wirtuwster Md Rono 5	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Countries Mar. = 10 = 1932	Menner of injury	
19. UNDERTAKER O. M. Maltz.	24. Wes disease or Injury in any) way related to occupation of deceased?	
20. FILEO 3/9, 19.32 Flewood Registry.	(Signed) (Address) Westernester, Md	M. D.

STATE OF MARYI AND-CERTIFICATE OF DEATH

Statement of occupation .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state;

- 8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 0 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

PARENTS

15

PHYSI-	PLACE OF DEATH  County arroll
ENT RECORD be stated EXACTLY, be properly classifie k of certificate.	Village or City Mean Linwood (No
VT RECO	2 FULL NAME CIMILE ROSELLA
ENT state prop	PERSONAL AND STATISTICAL PARTICULARS
N P S	Jenuale White Single, MARRIED, WIDOWELD (Write the word)
BINDING IS A PER. AGE shout that It mostlons on b	Sept 16th, 187
0 4	7 AGE If LESS the I dayhr
SERVED SING INK arefully sur In plain ter	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)
IN REUNFAL	9 BIRTHPLACE (State or country)

11 BIRTHPLACE OF FATHER (State or country)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 80

Exb- St.; Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	
3	(Day) , 1932 (Year)
(Month)	
Mar 4 182, 10 27	
that I last saw h Mr. alive on Feb.	, , , =
and that death occurred on the date stated	above, at
The CAUSE OF DEATH & was as follows:	
Orderna of l	map
955mmmass 000000000000000000000000000000000	
(Duration)	wra mos d
Contribution My ac as dial	Jusullian d
Contributory My acardial Secondary Itigh blood	su fler
(Duration)	yrsmos
(Signed)	5=99 M.1
3 5- 198 2 (Address) flus	Bank.
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Sulcidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans
ients, or Recent Residents)	
At place In the of death yrsmos da, State,	,yrsmosd
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Pipe Creek Cometery	March Sth 1932
20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

MY KNOWLEDGE

# REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered a. Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the intiger statement; it should be used only when needed. As examples:.(a) nature of 'he business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthtired 6 yrs.). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerer," etc., (a) Foreman, (b) Automobile factory, Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many tion applie to each and every person, irrespective of fulness of variou pursuits can be known. whatever, write None. business, that fact may be indicated thus: Farmer (re-Housemuid, etc. If the occupation has been changed Statement of Occupation -Precise statement of oc-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation -Coal minc, etc. Wom-The material The ques-

Typhoid fover (never report "Typhoid pneumonia"): spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Corcbrospinai to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect fover (the only definite synonym is "Epidemic cerebro Lobar pneumonia, Bronchopncumonia Statement of Cause of Death-Name, first, the bis ("Pneumonla,

> Nomenclature of the American Medical Association.) ment of cause of dcath approved by Committee on head quences (e. g., scpsis, tetanus) may be stated under the can be ascertained as the cause. Always qualify all conditions, such as "Asthenia," "Anaemla" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"PUERPERAL septicaemic," "PUERPURAL peritonitis," etediseases resulting from childbirth or miscarriage as "Uraemla," "Weaknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorrulslous," symptomatic), "Atrophy," "Collapse," "Coma," "Constated unless important. (secondary or intercurrent) affection need not be ...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental discienting; taken. For VIOLENT DUATHS State MEANS OF INJURY Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men of "contributory." "Debility" Chronic valvuler heart disease; ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles Struck by railway The contributory The na-(merely terminal (second-(disease

the certificate is permanently filed. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond-... Il the data is essential and must be obtained before

1. PLACE OF DEATH			108)	1010
County Carrie	le		Registration Dist. No.	74
Village or City_Aley	Besucee		No present flesh Mate Nost	Selector
Langth of rasidenca in city	or town whare daath occurred	1 1	74	mosds.
2. FULL NAME	Kabella	Alyne	De la December de la Companya de la	Amay
(a) Residence: No.			St., Word It Navage Me	
PERSONAL AND	STATISTICAL PAR	RTICULARS	If nonresident give city or town a  MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR of	OR RACE 5. SINGLE, I	MARRIED, WIDOWED, RCED (ruprice the word)	21. DATE OF DEATH March Q.4	, 193
a. If marriad, widowed, or divorce		·	(Month) (Day)	(Year)
HUSBANO of (or) WIFE of	abert It	ynu	22. I HEREBY CERTIFY. That I attended	d daceasad from
S. DATE OF BIRTH (month, day, a	nd vaary Mukum	1/864	2.	Z; daath is said
7. AGE Years	Months Days	If LESS than	to hava occurrad on tha date stated above, at 10 m.	
5-8		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:	Date of onset
8. Trade, profassion, or perticular kind of work done, as SAWYER, BOOKKEEPE	cular SPINNER,	-cu		
SAWYER, BOOKKEEPE			Lohar neumania	3-22
kind of work done, as SAWYER, BOOKKEEPEI 9. Industry or business in w work was dona, as SIL! SAW MILL, BANK, etc. 10. Data deceased last workar this occupation (month	K MILL, —		Wo-dar Mumma	January.
10. Data deceased last workar this occupation (month year)	d at and 11. To	tal tima (years) spent in this occupation		
12. BIRTHPLACE (city or town)	Mukuo	m	Othar Contributory Causes of Importance:	20,70
(State or country)				
13. NAME Deak	ge Mal			
13. NAME CLAR	Mukeus	un	Nama of operation Oata of	
(State of Country)	a ///		What test confirmed diagnosis? Was there a	n autopsy?
15. MAIDEN NAME	une we	loon	23. If death wes due to external causes (VIOLENCE) fill in also the follow	Y
16. BIRTHPLACE (city or town (State or country)	) sumus	m a	Accident, suicide, or homicida? Oate of Injury	, 19
17. INFORMANT (Addrass)	sital Re	early	Where did injury occur?  (Specify city or town, county and S Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC I	tate) PLACE.
18 BURIAL, CREMATION, OR REM	OVAL Oata M	lar. 28,1932	Mannar of Injury	
19. UNDERTAKER Address)	essille )	me.	24. Was diseasa or injury in any way related to occupation of deceased?	
20. FILED MAY 75, 19:	32 OHan	y Heer Registrar.	(Signed) Majed M Celo	M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arterioselerosis P. O. L.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BURYAU	July 5, 1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-should state of OCCUPA. MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

County Carroll

Village or Citynean Silver Run

_	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWE OR DIVORCED (prite the wor	
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE Wush Doglesona	20 HEREBY CERTIFY That I attended deceased for
_	DATE OF BIRTH (month, dey, and year) 70 30 18 48	I lest saw h_ el alive on all 24, 1932 death is s
	AGE Years Months Days If LESS th	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
TION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Housewalk	Oate or one
OCCUPA	9. Industry or business in which work was dono, as SILK MILL, SAW MILL, BANK, etc	Bronshial wave
00	10. Date deceased last worked et this occupation (month and year)	
12.	BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance: Brownhittshian
ER	13. NAME Seo Strevia	
FATH	14. BIRTHPLACE (city or town)	Name of operation Aone Date of What test confirmed diagnosis Physical Was there an autopsy?
HER	15. MAIOEN NAME Mary Warehime	What test confirmed diagnosis Was there an autopsy? Was there are autopsy. Was there are a the autopsy. Was there are a the autopsy. Was there are a the autopsy. Was the autopsy. Was the autopsy. Was there are a the autopsy. Was the autopsy. Was there are a the autopsy. Was the autopsy. W
MOT	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
-	(State or country) INFORMANT MASS Helbert Koontz	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL  Place Date THOUSE 28 193	Manner of Injury
19.	UNDERTAKER COLD TUSS SON	24. Was disease or Injury In any way related to occupation of deceased?
	FILED Mary 26th 1922 Calvine Bangart.	(Signed) O exist Alebelo M

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA-

Exact statement

certificate.

See instructions on back

TION is very important.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

62618

1. PLACE OF DEATH	(43-6)
CountyCarroll	Registration Dist. No.
Village or CitySykesville(If Length of residence in city or town whera daath occurred_27_yrsmos.	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Frederick Gebhardt	
(a) Residence: No. Sykesville (Usualplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX   4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   Married	21. DATE OF DEATH  March (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Blizzard Gebhardt	22.   HEREBY CERTIFY, That I attended daceasad from March 17, 1932
6. DATE OF BIRTH (month, day, and year) October 15, 1887  7. AGE  Years  Months  Oays  If LESS than 1 day, hrs. or min.  8. Trada, profassion, or particular kind of work done, as SPINNER, sookKEPPER, etc. Master Mechanic	I last saw h im aliva on March 17, 1932; daath is sald to have occurred on the data stated above, at 3:05Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:  Acute Cardiac Dilitation  Date of onset 5-17-32
Jo. Oata dacaased last worked at this occupation (month and year) March 1932   Spent in this 7 year  12. BIRTHPLACE (city or town) Baltimore City (State or country) Maryland	Other Contributory Causes of Importanca: Chronic Myocarditis
14. BIRTHPLACE (city or town)	Name of operation None Data of What test confirmed diagnosis? Was there an autopsy? No
15. MAIOEN NAME Matilda  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT Wife (Addrass) Sykesville, Md.  18. BURIAL, CREMATION, OR REMOVAL	23. If daath was dua to extarnal causes (VIOLENCE) fill In also tha following:  Accident, suicida, or homicide?
19. UNOERTAKER / Seu & Son Dru.  (Addrass) Systemille, Mid-  20. FILEO Mars 7, 1932 CHarry Mr. Registrar.	Natura of Injury  24. Was diseasa or Injury in any way ralated to occupation of deceased? NO  If so, specify  (Signed) AMA A William M. D.  Addrass) S. S. Heeld S. Mu oxill 144

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 2 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

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-WRITE mation

20, FILEO.

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 62619
1. PLACE OF DEATH		93-0
County	well_	Registration Dist. No.
Village or City Spring M.	els new Mist	
	(11	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death o	occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elizate	the ann &	eiman!
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	NGLE, MARRIED, WIDOWED. R DIVORCED Swrite the word)	21. DATE OF DEATH
Timale Mite	inale_	(Month) (Qay) (Year)
5a. If married, widowed, or divorced HUSBANO of	1	
(or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
	1	March 13, 1932, to pearch 16, 1932
	ust 5, 18/5	lest sew h alive on
	Oays If LESS than I day,hrs.	to have occurred on the date stated above, at
56 7	ormln.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	- france	(Interiofglerosea (Teneral) 1929
A National State of the Sawyer, BookKeeper, etc.  Industry or business in which work wes done, as SINK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	an and	mys cardiles (cursue)
work wes done, as SILK MILL, SAW MILL, BANK, etc.		ageel alillation of Neart
10. Date deceased last worked at	11. Total time (years)	
this occupation (month and year)	spent in this occupation	4/
10 PIPTION ACTION Blooms	:00	Other Contributory Couses of importance:
12. BIRTHPLACE (city or town)	inginia	
13. NAME Carrie to Se	· Conservation	
E nu +	- tu	
14. BIRTHPLACE (city or town) (State or country)	Manufacil	Name of operation Oate of
15. MAIDEN NAME Mary aun.	2:6/1	What test confirmed diagnosis?
I 10,, 0	myself la	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	lisine as	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
ma John De	Theman	(Specify city or town, county and State)
17. INFORMANT (Address)	14 6018	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	74 192,0	Manner of injury
Place Dellace Commenter Del	March 19, 1932	
The same of the	st St	Nature of injury
19. UNDERTAKER Address	and the	24. Was disease or injury in any way related to occupation of deceased?
(Address)	12/1/1	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registra

(Signed).

(Address)

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis E	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WKITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CADER OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION. MARGIN RESERVED FOR BINDING

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1. PLACE OF DEATH  County  Willage or City  Ward  Length of residence in city or Lown where death occurred.  Yrs.  Mos.  ds. How long in U. S. if of foreign birth?  Yrs.  Mos.  ds. How long in U. S. if of foreign birth?  Yrs.  Mos.  ds. How long in U. S. if of foreign birth?  Yrs.  Mos.  ds. How long in U. S. if of foreign birth?  Yrs.  Mos.  ds. How long in U. S. if of foreign birth?  Yrs.  Mos.  ds. How long in U. S. if of foreign birth?  Yrs.  Mos.  ds. How long in U. S. if of foreign birth?  Yrs.  Mos.  St.  Ward.  How long in U. S. if of foreign birth?  How long in U. S. if of foreign birth?  Yrs.  Mos.  St.  Ward.  How long in U. S. if of foreign birth?  Yrs.  Mos.  St.  Ward.  How long in U. S. if of foreign birth?  Yrs.  Mos.  St.  Ward.  How long in U. S. if of foreign birth?  Ward.  How long in U. S. if of foreign birth?  Yrs.  Mos.  St.  Ward.  How long in U. S. if of foreign birth?  Ward.  How long in U. S. if of foreign birth?  Yrs.  MEDICAL CERTIFICATE OF DEATH  22. If HER BLY CERTIFY, That I attended deceased from the death occurred in the death o	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City  Ward  Length of residence in city of tywn where death occurred  yrs  mes. do  No. How bring in U.S. If of foreign birth)  PERSONAL AND STATISTICAL PARTICULARS  S. SEX  PERSONAL AND STATISTICAL PARTICULARS  S. SIX  Ward.  If sourcedont give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. I HERE BY CERTIFY. That I altended decessed from the state of	1. PLACE OF DEATH	<u> </u>
Length of residence in city of Jawn where death occurred.  Length of residence in city of Jawn where death occurred.  Length of residence in city of Jawn where death occurred.  2. FULL NAME  (a) Residence: No.  (Usual piace of abode)  PERSONAL AND STATISTICAL PARTICULARS  J. SETY  J. COLOR OR RAGE  S. SINCLE MARKIED, WIDOWED  OR WOYORGE (Green the byers)  Sa. If married, widowed; or diversely  Sa. If married, widowed; or diversely  ON WIFE of  Last Saw b. C. Z. alive on  J. J	County Carroll A	Registration Dist. No. 81.
Length of residence in city of Lewin where death occurred.  Length of residence in city of Lewin where death occurred.  Length of residence in city of Lewin where death occurred.  Length of residence in city of Lewin where death occurred.  Length of residence in city of Lewin where death occurred.  Length of residence in city of Lewin where death occurred.  Length of residence in city of Lewin where death occurred.  Length of residence in city of Lewin man, and the look of the length of the length occurred in the look of the length occurred in the length occurred on the date stated above, at the length of look of each of the length of length occurred on the length oc	Village or City amor Bridge	
2. FULL NAME  (a) Residence: No.  (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (COLOR OR RAGE  S. SINGLE MARRIED, WIDOWED  OROWORCES (every the byword)  OROWORDS (every the byword)  OROWORCES (every the byword)  OROWORCES	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No.  (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  1. COLOR OR RAGE.  S. SINGLE, MARRIED, WIDOWED, OR BYONGE OF COME TO PARTH  21. DATE OF DEATH  22. I HERE BY CERTIFY, That I attended deceased from from the part of the	$O_{11} O_{11}$	
PERSONAL AND STATISTICAL PARTICULARS  9. SEX	2. FULL NAME HUANY. V. Warn	
PERSONAL AND STATISTICAL PARTICULARS  3. SIX   COLOR OR RAGE   S. SINGLE, MARRED, WIDOWED, OR DIVORCED Carrie the year of OR DIVORCED CARRIED (Month) (Day) (Year)  53. If married, widowed, or divorced, (Year)  54. DATE OF BIRTH (month, day, and year)   18. DATE OF BIRTH (month, day, and year)   19. DATE OF OR DIVORCED CARRIED CA		
3. SEX COLOR OR RACE OR DIVIDED WILD ON COLOR OR RACE OR DIVIDED WILD OR DIVIDED Comprehensed or OR DIVIDED COMPREHENSE OR DIVIDED COMPREHENS OR DIVIDED COMPREHENSE OR DIVIDED COMPREHENSE OR DIVIDED COMPRE		
Sample   Complete	3. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	
5.5. If married, widowed, or divorced, husbacked widowed, or divorced, husbacked widowed, or divorced, husbacked widowed, or divorced, husbacked widowed, or divorced, will be or	Handala Ulfalo ORDIVORCED (write the word)	3 /2 ,193 2-
### Control of William Address   1932	5a. If married, widowed, or divorced /	
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Months  AGE  Years  Months  AGE  AGE  Years  Months  AGE  AGE  AGE  Years  Months  AGE  AGE  AGE  AGE  AGE  AGE  AGE  AG	HUSBAND OF 1 · /// , ()	2 /
7. AGE Years Months Days II LESS than I day	W WWW. 1010	
S. Trade, profession, or particular   Sind of work done, as SPINNER,   Petrope   Sind work done as SPINNER,   Petrope   Sin	of the transfer of the transfe	
8. Trade, profession, or particular kind of work done, as SPINNER.  SAWYER, BOKKEPER, ek.  9. Industry or business in which work was done, as SPINNER.  SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end poccupation)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURTAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  20. FILED March  19. INDERTAKER  (Address)  20. FILED March  19. INDERTAKER  (Address)  21. Total time (years)  Spant in this SAW MILL, BANK, etc.  (Address)  Date of min.  What test confirmed diagnosis?  Was there an autopsy?  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature	70 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Sind of work done, as SPINNER, SAVYER, BOKKEPER, etc.  9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year)  (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL CEPMTION, OR SEMOVAL Place  19. UNDERTAKER (Address)  20. FILED Mank  19. 13. 2  19. UNDERTAKER (Address)  20. FILED Mank  19. 13. 2  19. Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Signed)  18. So, specify  19. (Signed)  19. (Address)		was a fallows
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMITION, OR REMOVA) Place (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED March  10. Place (City or town) (State or country)  10. Undertaker (Address)  11. UNDERTAKER (Address)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  Name of operation N	8. Trade, profession, or particular kind of work done, as SPINNER,	antheit.
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVA) Place (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. INFORMANT (Address)  10. UNDERTAKER (Address)  10. UNDERTAKER (Address)  10. UNDERTAKER (Address)  11. UNDERTAKER (Address)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  Name of operation Name	9. Industry or business in which	WWW WIND WIND
12. BIRTHPLACE (city or town)   13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   17. INFORMANT   (State or country)   17. INFORMANT   (Address)   18. BURIAL, CREMATION, OR SEMOVAL   Place   18. Under the country   19. UNDERTAKER	work was done, as SILK MILL, Chool Ilache, SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town)		
13. NAME	year) pocupation pocupation	Other Contributory Causes of Importance:
13. NAME		Oligi Salarata, Salarata
To maid the following:  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED Mush  12. 1932  21. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of Injury  Nature of Injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  (Address)  M. D.  (Address)		
The state of the s	13. NAME NOT Known	
To maid the following:  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED Mush  12. 1932  21. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of Injury  Nature of Injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  (Address)  M. D.  (Address)	14. BIRTHPLACE (city or town) All Known	Name of operation Date of
16. BIRTHPLACE (city or town)   Accident, suicide, or homicide?   Date of injury   County and State   Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)   Accident, suicide, or homicide?   Date of injury   County and State   Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	15. MAIDEN NAME VOL Prown	23. If death was due to external causes (VIOLENCE) fill in also the following:
17. INFORMANT	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR SEMOVAL  Place Waker Low Dates Mar. 13, 1932  19. UNDERTAKER A Drangles Sons Jule 24. Was disease or injury in any way related to occupation of deceased?  (Address)  18. BURIAL, CREMATION, OR SEMOVAL  Place Waker Low Dates Mar. 13, 1932  19. UNDERTAKER A Drangles Sons Jule 24. Was disease or injury in any way related to occupation of deceased?  (Address)  18. BURIAL, CREMATION, OR SEMOVAL  (Address)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	(State or country)	
18. BURIAL, CREMATION, OR SEMOVAL  Place Duaker Clay Date Max 13, 1932  19. UNDERTAKER District Sons June 24. Was disease or injury in any way related to occupation of deceased?  (Address)  20. FILED March 12, 1932  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place Quaker Cent. Date Max. 13, 1932  19. UNDERTAKER (Address)  20. FILED March 12, 1932  Place Quaker Cent. Date Max. 13, 1932  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)		
19. UNDERTAKER DESCRIPTION OF SOME STATE OF THE	() () (1) (4) - (10 - 2	
20. FILED March 12,1932 PERSONNER.  (Address) Under Bridge Ind.  (Signed) T. H. Legg M. D.  (Address) Union Bridge ond.	Jacob Jacob De La Company	
20. FILED March 12,1932 PERSONAL (Signed) T. H. Legg M. D. (Address) Micou Bridge ond		
20. FILED / Address) Suiou Bridge ond	(Address) under prage ma.	- 11 / 2
		B. W.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APS 5 1932			
Other contributory causes of importance:		Other contributory causes of importance:	MIES.
Gallstones	May 1,1923	Gastroenteritis	1 year
		the state of the s	

ADDITIONAL	SPACE I	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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	STATE OF MARYLAND—	CERTIFICATE OF DEATH	621
1	County Carrelle	Posistratila Diet No.	h
	Village or City Reg Regardle	Registration Dist. No.	War.
	Clf	death occurred in a hospital or institution, give its NAME instead of street and r	C(indum
	Length of residence in city or town where death occurredyrsmos.	ds:// How long In U.S. if of foreign birth?yrsm	b. retue
	2. FULL NAME WORTHLAND ULICE HAY	nee my	bow
	(a) Residence: No. Quely Court (Usual place of abode)	18 Male Mary And	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH WALL MY	
X	eugle carrete indeued (write the word)	March (Month) (Day)	, 193.2- (Year)
5e.	. If married, widowed, or divorced HUSBAND of	22 I HEREBY CERTIFY. That I attended	tuo
	(or) WIFE of (Mukeupour) Bakuse	Och 4 19 Co to March 4	I. ps 2
6.	DATE OF BIRTH (month, day, and year) West 29, 1847	Hast saw here alive on Nauch 7 1982	; deeth is sai
	AGE Years Months Deys If LESS than	to have occurred on the data stated above, at 15 m.	chan of t
	P 30BR 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dataidfonse
NO	8. Trade, profession, or particular kind of work done, as SPINNER,		
	SAWYER, BOOKKEEPER, etc.	Cym A	bom
UP/	work was done, as SILK MILL, SAW MILL, BANK, etc.	Villed Williastlerous	At 162
OCCUPAT	1D. Date deceased lest worked at this occupation (month and spent in this		
	year) occupation	Dther Contributory Causes of importance:	of ir
12	BIRTHPLACE (city or town) Maryfall	An I	
~	(State or country)	Chlama Valerbilest	152
HER	13. NAME Recey Veckape	Rephalys	··· Cerer-
FAT	14. BIRTHPLACE (city or town) Manufecture (State or country)	Name of operation Date of	
2	15. MAIDEN NAME Mary R Othler	What test confirmed diagnosis?	
THER	901	23. If death was due to externat causes (VIOLENCE) fill in also the following  Accident, suicide, or homicide?	Oth :
MOT	16. BIRTHPLACE (city or town)	Where did injury occur?	Gall
17	INFORMANT Naspeital Recards.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	e) ACE. ——
	(Address) Represently, M.S.		
18	DURIAL, CREMATION, OR REMOVAL	Menner of Injury	
_	Date Male 11, 1938	Neture of injury	
19	UNDERTAKER C. O. Jus 4500	24. Was disease or injury in any way releted to occupation of deceased?	
	(Address) Faneytown Md.	if so, specify	
20	FILED/Max. 7, 1932 Harry / Lee Registrar,	(Address) An Assault Man	М.
-		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AP 2 122			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones BTRAJV.S.	May 1,1923	Gastroenteritis	1 year
The second secon			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	1		]	ľ	1	1	1	I	]		À	1	A	4	ĺ	]	1		(	ĺ	J	7	5	ľ	)		J	ŀ	1	3	]		-	ľ	)	5	B	]	3	36	1	Į	P	3.	E	1	N	0	ij	7	4	1	Г	1	5	S		3	R		8		I	I	Г	1	3	I	J		1	7	F			3	I	)	)		(	1	1	F	I	]			-	3	ŀ		,		(	(	4	1	A	İ	1	)	P	Ī	]	5	5	8	S	S	N	A	-	-	-	1	i					1	ı	ı	ı	ı	ı	ı	ı	ı	1					i	-	A	2	S	S	S	8	8	8	S
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state

mation

TION

(Address)

Registrar.

If so, specify

(Address)

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-OCCUPAjo Exact statement stated EXACTLY. properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. WRITE PLAINLY,

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Carroll	Registration Dist. No. 75
Village or City nr. Manchester	NoSt.,Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
1/ 1	16.
2. FULL NAME Aluxuella Atopo	Man Al
(a) Residence; ND. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Month)  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James of James of	22. I HEREBY CERTIFY, That of attended deceased from
6. DATE OF BIRTH (month, day, end year)	I last saw h alive on Mela 1/ 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.30Pm.
79 / 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8 Trade profession or particular	Arteriotalerosic Date of one et
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent In this occupation	
12. BIRTHPLACE (city or town)  (State or country)  (State or country)	Other Contributory Causes of importance:
13. NAME Thomas Boughtes	
13. NAME Thomas Boughter  14. BIRTHPLACE (city or town)  (State or country) Maruland	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Mary Tate	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Tate 16. BIRTHPLACE (city or town) (State or country)  (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Mrs. Wm. Campbell (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Pa. Place Slate Judge Date Mar. 14, 1932	Manner of Injury
19. UNDERTAKER Jacob Wink Sons (Address) Manchester md.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Mar: 12, 132 Mrs. H. R. J. Dennes	(Signed) J. J. Wells M. D.  (Address) Mauchester hyd

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			·

PHYSICIANS should state PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. CAUSE OF DEATH in plain terms, so that it may be properly IION is very important. See instructions on back of certificate. AGE should be should be carefully supplied. WRITE

mation

V. S. No. 1 B ż

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND	CERTIFICATE OF DEATH	24
1. PLACE OF DEATH	940	
County Carroll	Registration Dist. No. 6	
	No. St., death occurred in a horpital or institution, give its NAME instead of street and n	
(01' 41 1	ds. How long In U.S. If of foreign birth?yrsmo	SGS.
2. FULL NAME Odil Hughes		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE French or hite S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. Il married, widowed, or divorced	21. DATE OF DEATH  Que (Month) (Day)	, 193 1 (Year)
HUSBAND of GOO. E. Hughes	22. I HEREBY CERTIFY, That I attended of Such 115 ,1932, 10 Such 115	_
6. DATE OF BIRTH (month, day, end year) 200 21 - 1868	I last saw h La alive on Much 11th 1932,	; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this necuration (month and	augui a pretons	3/10/32
O 10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country) Maryland	A Shortners of heart complained	2 4mos
13. NAME Jacob In. Leffo		
13. NAME Jacofo In . Leffo	Neme ef operation Date of	
(State of country)	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME & artha arm laylor  16. BIRTHPLACE (city or town)  (State or country) Manhand	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
17. INFORMANT Chas. E. Hughes (Address) Westmenster and	Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bethat Date March 14, 1932	Manner of Injury	
19. UNDERTAKER HB contained & Son (Address) Winterwester his	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED Registrar.	(Address) Nes fur in & terry Many San	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	APR 6 1932	July 5,1927	Perilonilis	3 days ago
	TRITTE TO S.			
Other contributory c	auses of importance:	1	Other contributory causes of importance:	
Gollstones		Moy 1,1923	Gastroenteritis	1 yeor

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH 000 plaous Jo County Dan Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred\_ mos.\_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs. RECORD. Every statement 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 193 2 PERMANENT CTL (Month) (Day) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from 22. (or) WIFE of ~ EX 6. DATE OF BIRTH (month, day, and year) certificate. properly If LESS than to have occurred on the data stated above, at 7.45 4m. 7. AGE Months stated 1 day .....hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. were as follows: SI Date of onset 8. Trade, profession, or particular THIS-OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.\_\_\_ Jo may back Q. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc..... UNFADING INK-11. Total time (years) 10. Oate deceased last worked at this occupation (month and HO spent In this that occupation. instructions Other Contributory Causes of Importance: 80 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER See 14. BIRTHPLACE (city or town in plain WITH (Stata or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_ carefully HER important. 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide? Date of Injury \_\_\_\_\_ 19. PLAINLY, 16. BIRTHPLACE (city or town) DEATH (Stata or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. pluods OF (Address) 18. BURIAL, CREMATION, OR REMOV Manner of injury WRITID CAUSE mation Nature of Injury TION 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, spacify Registra If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

FOR

MARGIN RESERVED

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Cerebral hemorrhage		July 5, 1927	Peritonitis	3 doys ago
	BURLAU V.S.			
Other contributory ca	uses of importance:	in o	Other contributory causes of importance:	
Gollstones		Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	,
me Iteell had no medical advice or treatments for some hime	burselly
a year be fire his death. He became new there a west 1: 16	
his hed and died while sating break fast. He was known to	he die betie
for several years.	
1 mules. A	No.

MARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE OF MARYLAND	CERTIFICATE OF DEATH	12020
	1. PLACE OF DEATH	(108)	M.
1	County Carroll	Registration Dist. No.	15
/	Village or City Ly Recalls	Now Recurs Sulla Vlale North	RUMBO DUMBO
	Length of residence in city or town where death occurredyrsmos	//	
	2. FULL NAME LAA DA L	gensteets ?	
	(a) Residence: No. 3706 Educadora (Usual place of abode)	Mard. Ward. Mallewiste M. If nonresident give city or town and	1 State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Makele (Day)	, 193_2(Year)
4	15a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Military Significants.	January 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	daceasad from
te.	6. DATE OF BIRTH (month, day, end year) Left, 15, 1892	I last saw hole aliva on Makel 18 , 1932	; daath is said
fica	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3, Ee R m.	0.5
certificate	09 01 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
of c	8. Trade, prófassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Later Committee	9 17 9
back	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9-Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	Javan Memman	
on	10. Date deceased last worked at this occupation (month and year)		
instructions	12. BIRTHPLACE (city or town) Maryland -	Other Coutributory Causes of importance:	CI III
truc	(State or country)	Guaduleouse Melanchalia	1928
	13. NAME John Hornes		
See	14. BIRTHPLACE (city or town). Mary faux (State or country)	Nama of operation Date of	
		What tast confirmed diagnosis? Was there an a	
important	15. MAIDEN NAME Quica Louise Hornes  16. BIRTHPLACE (city or town) Maryland  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following  Accident, suicide, or homicide? Data of Injury	
	17. INFORMANT Paspetal Reeseds	Where did injury occur?(Specify city or town, county and Stat Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
I is very	18. BURIAL, CREMATION OR REMOVAL  Place Date: 3 - 23 , 1932	Manner of Injury	
TION	19. UNDERTAKER COURSE ST.	24. Was disease or injury in any way related to occupation of decaased? if so, spacify	
	20, FILED Mary 9,1932 CHarry Weed	(Signad) Mand M. Reco	M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

TION is very important. See instructions on back of

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	6,	6	0 1	10)	
6	6	0	4	6	

1.	County Cari	1.5		Tubercul	osis Sanatorium 23 neh Registration Dist. No. 74	4
	Village or City He		Marylan	id.	No. St.,  f death occurred in a hospital or institution, give its NAME instead of street in the course of the cour	Ward
2.	(a) Residence: No			, Annapo	list, Md Ward.	
emorros	PERSONAL A	ND STATIST			If nonresident give city or town  MEDICAL CERTIFICATE OF DEAT	
3. S	EX 4. CO	lor or race	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH March 16, 1932 (Month) (Day)	, 198
5a. I	f married, widowed, or d HUSBANO of (or) WIFE of	livorced			22. 1 HEREBY CERT1FY, That I atten	
6 D	ATE OF BIRTH (month,	day and year)	ay. 23.	1920	May 29, 1931, 19, to March 16, 1932, 19 I last saw h 1 m alive on March 16, 1932, 19	1 doth is said
7. A		Months	Days	If LESS than	to heve occurred on the date steted above, at 8 . 20 A. M.	, death 15 5aid
	21	9	24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:	
OCCUPATION	9. Industry or business work was done, a SAW MILL, BAN 10. Oate deceased last this occupation (i year)	worked at month end	11. Total ti	r ime (years) nt in this upation	Other Coutributory Causes of importance:	Mov. 1930
_	BIRTHPLACE (city or tow (State or country)	Virgi				
HE -	13, NAME	Carey	Johnso	n		
-	14. BIRTHPLACE (city or (State or country		nia		Name of operation Date of What test confirmed diagnosis? Was there	7.
HER-	15. MAIOEN NAME	Lenor	a Scott		23. If death was due to external causes (VIOL ENCE) fill in also the follo	
S S		) Virgi	Neill,	M. D.	Accident, suicide, or homicide? Date of injury  Where dis injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State)
18. E	BURIAL, CREMATION, OF Place Michael Education	REMOVAL	Oate M	coh/8,1932	Manner of injury	
	INOERTAKER (Address)	skerr	Le Jaro de la	Mille Registrar.	24. Wes disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Address)	elle M. D.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilcpsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

item Every PHYSICIANS statement RECORD. Exact PERMANENT TI classified. BINDIN O × [2] properly FOR stated THIS RESERVED be may plnods that GE MARGIN supplied. terms, plain carefully ij DEATH PLAINLY be

STATE OF MARYLAND—CERTIFICATE OF DEATH should state OCCUPA of infor 1. PLACE OF DEATH County Registration Dist. No. (if death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ... (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) make (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of That I attended decaased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Days Years Months If LESS than to have occurred on the date stated above, at I day,\_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. Je back 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. on 10. Data deceased last worked at 11. Total time (years) this occupation (month and occupation\_ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or tow (State or country) FATHER See 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosisa MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Data of injury\_\_\_ 16. BIRTHPLACE (city or town) (State or country Where did injury occur?. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods very OF (Address) 18. BURIAL, CREMATION. is Manner of injury CAUSE LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)

Ward

(Year)

death is said

Date of onset

Registrar.

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The same of the sa			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# MARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12 629
1. PLACE OF DEATH	23
County Carroll	Registration Dist. No. 72
Village or City Mylers Disto	NoSt., Ward
Length of residence in city or town where death occurredyrsm	If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. If of foreign birth?yrsmos,ds.
2. FULL NAME andrew Jahrs	on frumine
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBANO of	200
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 30- 1866	I last saw h. Sawalive on Mark 29 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9/572-m.
65 8 1 day, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Oate of onset
SAWYER, BOOKKEEPER, etc.	
9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Julmongry
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year) occupation.	morsulosus) 1931
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Many farms	
E 13. NAME Hacel / Vienning	
13. NAME Hace (city or town)	Name of operation. Date of
(State or country) Marstanda	What test confirmed diagnosis Labor Play Matthere an auropsy?
15. MAIDEN NAME / Plesca Achaffer	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME / Pleca Achaffer 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Facol A. Munning P.J. (Address) Westimenster Med. 193	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CONSIGNATION	Manner of Injury
place It Say thoughtwo Date agons d, 1992	Nature of Injury
19. UNDERTAKER / Butterburn / Imm	24. Wes disease or Injury In any way related to occupation of deceased?
20, FILEO Mars. 30, 1932 Colored Bankers.	(Signed)
	, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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BUELE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MAKTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County (servel)	Registration Dist. No. 75
Village or City Manchester And	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred S yrs, // mos	death occurred in a norpital or institution, give its NAME instead of street and number)  ———————————————————————————————————
2. FULL NAME Lawa V Lupp	y
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word) Single	21. DATE OF DEATH May 29 (Month) (Day) (Year)
5a. tf married, widowed, or divorced HUSBANO of	
(or) WIFE of	22.   HEREBY CERTIFY, Thet I attended deceased from
C DATE OF DIDTH ( ) 1 1 2 - 1851	I last saw h alive on that 28 1932; death is said
6. DATE OF BIRTH (month, day, and year) 45 1 7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at
8/ // 26   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were to follows: Date of onset
kind of work done, as SPINNER, House Hocks	selenosis & Thormboars 3/14/37
Sindustry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER LOWSE SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.  SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and specific property).	
this occupation (month and spant in this occupation	
January es on Daid	Other Cantributary Causes of importence:
12. BIRTHPLACE (city or town) FMMMULEN FMM.  (State or country)	artenoscens
# 13. NAME David Libber	- 0 & - 0
E	H
(State or country)	Neme of operation Date of What test confirmed diagnosis? Was there en autopsy? Micro
# 15. MAIDEN NAME WAR DESIGN	23. if death was due to external causes (VIOLENCE) filt in also the following:
15. MAIOEN NAME Wary Forsich  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
(State er country)	Where did Injury occur?
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18. BURIAL, OREMATION, OR REMOVAL	Manner of injury
Place Manches Control Oate 3/81 ,1932	Nature of Injury
19. UNDERTAKER L L F Beigman	24. Was disease or injury in any way related to occupation of deceased?
(Address) manches of mich	Il so, specify
20. FILEO Mar. 30 t 19 32 Mrs. T. G. S. Denne	(Signed) M. D. M. D.
Registrar.	(Address) Manchester Md

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
or contributory causes of importance:		Other contributory causes of importance:	
Ustones	May 1,1923	Gastrocnteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

MARGIN RESERVED

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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year
Gallstones	May 1,1923	Gastroenteritis	

NO. M. St., ath occurred in associated or institution, give its NAME instead of street and	
9 ds. How long In U.S. if of foreign birth? yrsm	os ds.
St., Ward. Howard County, M.	d State
MEDICAL CERTIFICATE OF DEATH	
1. DATE OF DEATH March 2/of (Month) (Day)	, 193 2— (Year)
I HEREBY CERTIFY. That I attended  July 26 19/5 to march 21 19/5  I lest saw how alive on March 20 1932  to have occurred on the dete stated above, at 8.45 Am.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:  Wrong Myorarditis	daceased from , 19 3 2 ; deeth is said  Oate ctonset Proof to 19 2 9
Other Contributory Causes of importance:  Chronic Interstitude Nephratic  Neme of operation Noru  Thypical aignst aspentime  Westhere an	Prior to
3. If deeth wes due to external causes (VIDL ENCE) fill in elso the following Accident, suicide, or homicide?	, 19
Menner of Injury  Nature of injury	ACE.
24. Wes disease or injury in any wey related to occupation of deceased?  If so, specify  (Signed) John M. Morris  (Address) D. D. H.) Dig Resvelly. Ma	м D
I. N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURJAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 year
	1		

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	90
County Carrell	Registration Dist. No. 70
Village or City Janentown	
(IF	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Dranklin 9. Sal	nek_
(a) Residence: No.	St, Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
50 It married without a still	(Month) (Day) (Year)
5a. If married, widowed, or divorced. HUSBANO of (or)—WIFE-0	22. HEREBY CERTIFY, That I attended deceased from
Mame 6. Valmer	Tet-2 1922 to May 6 1932
6. DATE OF BIRTH (month, day, and year) 15. 1873	I last saw h was alive on Marl 6 1984 death is said
7. AGE Years Month Oays If LESS than	to have occurred on the date stated above, at 10:53 mm.
58 8 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
9 Tende profession or continue	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
S. Hade, professing, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and this propagation (month and this propagation (month and this propagation).	
SAW MILL, BANK, etc.	Junto delatating 12 ms
10. Date deceased last worked at this occupation (month and year) spant in this occupation.	Alekt ventricle
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	july Terrarditus 6 wh
14. BIRTHPLACE (city or toln)	with effusion
4. BIRTHPLACE (city or to h) (State or county)	Name of operation Oate of Oate of
	What test confirmed diagnosis? Was there an eutopsy?
15. MAIOEN NAME COURS When bours	23. If death was due to external couses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAD Stronklin S. Valmer	Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Place Colored Day Mar. 10 1932	Manner of injury
Trace 1900 1 1900 1 1900 1 1900 1 1900 1 1900 1 1900 1 1900 1 1900 1 1900 1 1900 1 1900 1 1900 1 1900 1 1900 1	Nature of injury
19. UNOERTAKER	24. Wes disease or Injury In any way related to occupation of deceased?
(Address)	If so, specify
20. FILED PARCH S, 19 MATEL DI MILE	(Signet)
Salvily Registrar.	(Address) Monon Holling Man
If more blanks arg needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVIAND CEDTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. M. Aut.			
Other contributory causes of importance:	10007=1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. MARGIN RESERVED FOR BINDING AGE should be mation should be carefully supplied.

V. S. No. 1

Count	laa	woll			Registration Dist. No.	83
Villag	or City	Youdb	eue,	No	S	t.,
Length	(	city or town where o	death occurred Tbyrs.		in a horpital or institution, give its NAME instead of street How long In U.S. if of foreign birth?yrs	
(a) R	esidence: No.	Jame	(Usual place of abode)	St.,	Ward.  If nonresident give city or tow	n and State
PER	SONAL A	ND STATIST	ICAL PARTICULAR	5	MEDICAL CERTIFICATE OF DEA	тн
3. SEX	17	or or race	5. SINGLE, MARRIED, WIDO OR DIVORCED (write tha manual,		OF DEATH Murch - 5 (Month) (Day)	l 193
5a. If married HU3BAN (or) WIF	widowed, or div	ncy 6.	Richall,	22.	1 HEREBY CERTIFY hat I att	andad decaas
6. DATE OF I	IRTH (month, d	ay, and year) 18	75-11-27	I last saw h	alive on Man # LL, 19	3.2. death
7. AGE	Years J6	Months	Days If LES 1 day,	hrs. The PRINCIP	rred on the date stated above, at let I dim. PAL CAUSE OF DEATH and related causes of importance lows:	Date
8. Trade	profession, or ad of work done WYER, BODKKE	A COINBED 4	parpenter		1 0 0	
9. Indus	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  0. Date deceasad last worked at this occupation (month and year)  11. Total tima (years) spent in this occupation				Julepenhore	حا
O 10. Date					Johnson	
	CE (city or town	1)-977		Other Contril	butory Causes of Importanca:	the
₩ 13. NAME	or country)	mes to	M. Pickett,		Prendrom	~
14. BIRTHPLACE (city or town) Maryland (State or country)			ryland	Name of oper		e of
I	N NAME	liza Jas	Je Gosnel	2.	as due to external causes (VIOLENCE) fill In also the fo	
	PLACE (city or tate or country)		aryland,		clde, or homicide? Data of Injury_ jury occur?	, 1
17. INFORMAT		nancy	6. Wickett	Specify wheth	(Specify city or town, county at her injury occurred in INDUSTRY, In HOME, or In PUBL	id State) IC PLACE.
18. BURIAL, C	REMATION, OR	REMOVAL Chape	Date March - 8.	30134	juryury	
19. UNDERTA		m m	altz'	24. Was diseas	se or Injury in any way related to occupation of decease	d?
(Addre	1000	20 F1	ma II	If so, specify (Signed)	IM Wales	20

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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BURTAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			rgina	

STATE OF MARYLAND	-CERTIFICATE OF DEATH 62636
1. PLACE OF DEATH	93:2
County Carroll	Registration Dist. No.
Village of City Sykesville,	No. St., Ward
Length of rasideoce in city or town where death occurredyrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number)  posds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Samuel Newy The	enbottom.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
male Colonel OR Diyorcel (write the word)	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE OF allie Theubottone	22. I HEREBY CERTIFY. That I attanded decaasad from
6. DATE OF BIRTH (month, day, and year) 1863 - 6 - 3	I last saw h. Jaw alive on Mar 12, 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 7:25 7.m.
69 9 1 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Salvers, BOOKKEEPER, etc	Myocardeles comple
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Renal brouble
10. Date daceased last worked at this occupation (month and yaar) occupation	Immediate Cause Heart Exhaustion
12. BIRTHPLACE (city or town) flasholl les 5  (State or country) Mary land,	Other Contributory Causes of Importance:
13. NAME Jamuel Theretottone.	
14. BIRTHPLACE (city or town) bursell les (State or country)	Nama of operation Data of Data
15. MAIDEN NAME Mary Gook,	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
16. BIRTHPLACE (city or town) Monty Cas, (State or country) Many Chand	23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?
17. INFORMANT Ams. allie Phefolotton, (Address) Sy Resoille, ned.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place I Hute Rock Country Country Date March = 19 = 1931	Manner of injury
19. UNDERTAKER C. M. Malt. (Addiess) Hugield Mid.	24. Was disease or injury in any way related to occupation of deceased? HD
20. FILED May 18, 19.32 CHary Maes Registrar.	(Signed V ayul D. Shuche M. D.  (Address) Ankingula Wide

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEA		OF MAR	YLAND-	CERTIFICATE OF DEATH	2637
County Ca				Posistration Diet No.	
	1			Registration Dist. No.	urd
Village or City 2				NoSt/_ f death occurred in a horpital or institution, give its NAME instead of street and	
Length of residence In c	ty or town where	death occurred	yrs. 4mo	ds. How long In U.S. If of foreign birth?yrs	mosds.
2. FULL NAME	tros	ge an	rop Ki	namen	
(a) Residence: No.		/		St., Ward.	-, ,
PERSONAL AN	DSTATIST	(Usual place		If nonresident give city or town as MEDICAL CERTIFICATE OF DEATH	d State
	R OR RACE	5. SINGLE, MARI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH 3 - /U,	, 193. 2
5a. If married, widowed, or divo	rced	1 Min	gle	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of				22. / HEREBY CERTIFY, That attende	d deceased from
	-	, - 10	2.0	Mol. 1 , 1932, to Mol. 1	J , , 19.3. Z
6. DATE OF BIRTH (month, da 7. AGE Years	y, and year) (Co	1,22-17 Days	If LESS than	I last saw h_malive on Mah . 14, 198	4 death is said
Z ~	4	23	1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_ 8. Trade, profession, or pa	articular -	5	ormin.	were as follows:	Date of onset
kind of work done, SAWYER, BOOKKEE	as SPINNER.	home		Juffinensa	3-1-32
Nork was done, as SAW MILL. BANK	which	2		0	
SAW MILL, BANK, O	etc	11. 7-1-14			
this occupation (mo	nth and	11. Total ti	nt in this		
	N	1 1-	0	Other Contributing Causes of Importance:	10 11
12. BIRTHPLACE (city or town) (State or country)	Marie	garand		19 Lotar Incumorne	13-43
13. NAME Davis	18.11	Pine			
14. BIRTHPLACE (city or to	WD) 54	- led		Name of operation Date of	
(State or country)	me	entelac	end.	What test confirmed diagnosis? Was there an	
15. MAIDEN NAME	mice 7	Robberry	house	23. If death wes due to externel causes (YIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or to	wn) Lo	K.		Accident, suicide, or homicide? Date of injury	, 19
(State or (country)	The same	N .		Where did Injury occur? (Specify city or town, county and St	
17. INFORMANT Day (Address) Ha	uls.	Lina	mid:	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC P	LACE.
18. BURIAL, CREMATION OF	CMRVAV	. 1	12 25	Manner of injury	
Place Ivace	cemel	Data J.	171072	Nature of Injury	
19. UNDERTAKERS	ups	Tipolo	nd.	24. Was disease or injury in any way related to occupation of deceased?	No
20, FILED March 15	1934 Jan	mis. L	Registrar.	(Signed) Charles M. Dush (Address) Manufished	ud. M. D.
	If more	blanks are needed a	Advace State Penistran	2411 N. Charles Street, Haltimore, Requesting V. S. No. 7.	

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BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
		7	

MARGIN RESERVED FOR BINDING

N. B.—WRITE mation s

STATE OF	MARYLAND	-CERTIFICATE	OF	DEATH
----------	----------	--------------	----	-------

62638

1. PLACE OF DEATH	(110)
County Carroll	Registration Dist. No.
Village or dev. Merriellaville	No. St. Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 23yrs,mo	ds. Howlong lo U.S. if of foreign birth?yrsmosds.
2. FULL NAME Howard Charles	Robinson
(a) Residence: Re Marrielle Me	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Mac (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of Co.	22. A HEREBY CERTIFY. That I attended deceased from
(or) WIFE of / any Correson	1932 to Mac: 1932
6. DATE OF BIRTH (month, day, end year Selection 3, 18 77	I last saw h wie elive on Mac 1, 1932, death is said
7. AGE Years   Months   Days   If LESS than	to heve occurred on the dete stated above, et 5.3.2 m.
54 6 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:
8 Trade profession or particular	Date of onset
	Duncho menungua 2-2-31
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10 Date deceased last worked et this occupation (month end.	U
work was done, as SILK MILL, fra forces	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) // aug ac	0 1
(State or country)	Emperer Coxema)
13. NAME 1 Sect 12 Street 14. BIRTHPLACE (city or town) Mary 12	
14. BIRTHPLACE (city or town) Mary Care	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAM legeline Vluderson 16. BIRTHPLACE (city or Gyn)	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or form) W- Oa	Accidant, suicida, or homicida? Date of injury, 19
∑ (State ar country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mary Roberts (Address) A Mary Mary Mary Mary Mary Mary Mary Mary	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL PREMATION, OR REMOVAL Will Com	Menner of injury
Place Production / Date Mar 5, 1932	Neture of Injury
911	24. Was disease or injury in any way related to occupation of daceesed?
19. UNDERTAKER (Addrass)	If so, specify
March 37 Polls will be an	(Signed) San 2 10 artur M.D.
20. FILED Registrar.	(Address) Raudallaton my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Our contributory causes of importance:		Other contributory causes of importance:	
Istones	May 1,1923	Gastroenteritis	1 year

(A)	nfor- state JPA.	STATE OF MARYLAND	CERTIFICATE OF DEATH
	infor state UPA	1. PLACE OF DEATH	
	ould OCC	County Carrall	Registration Dist. No. 7.4
	should f OCC	Village or City Dy Resvelle	NA Reins skeld Otal, Navskil I Ward
	1 = 0		death occurred in a hospital of institution, give its NAME instead of street and number)
	ry NS nt	Length of residence in city or town where death occurredyrs,/mos.	. 2 Bds. How long in U.S. if of foreign birth?yrsmosds.
	Every CIANS ement	2. FULL NAME Dassy Vance	
	ND. Every YSICIANS statement	(a) Residence: No.	St. Ward. Fearce Mary Cand
		(Usual place of abode)	If nonresident give city or fown and State
	RECC. PE Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	[ × ]	4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 20, 1932
5	T L led.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
Ä	MANETA CT	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended decoased from
BIND			Vel. 14 1924, 10 March 20, 1982
BI		6. DATE OF BIRTH (month, day, and year) . Mulauaun -	Hast saw h. Dr. alive on March 20, 1902; death is said
2	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than I day, hrs.	to have occurred on the date stated above, et 2. P. m.
FOR	IS A stated proper sertifice	referent 40   I day, min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	003	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPPER, etc.	P
VED	H p p		Julmanay Cuberculoses 1931
>	ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and spent in this	
国		SAW MILL, BANK, etc	
ESER	0 0	this occupation (month and spent in this occupation	
出		M	Other Contributory Causes of importance:
Z	DIP So ucti	12. BIRTHPLACE (city or town) Many (State or country)	
RGIN	UNFA supplied n terms, ee instru		Surecuy -
AI	- A	<u> </u>	
M	F .= 70	14. BIRTHPLACE (city or town) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of operation
	HEA.		What test confirmed diagnosis? Wes there an autopsy?
	a ir e	15. MAIDEN NAME Christine Cavage  16. BIRTHPLACE (city or town) Matyland  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
4	FEE	16. BIRTHPLACE (city or town) MANY Called (State or country)	Accident, suicide, or homicide?
_	ALITER Id be an DEATH y import	8/ 1/70 P	Where did Injury occur? (Specify city or town, county and State)
	Should OF DI	17. INFORMANT Adaptilat leaded - (Address) & Republic, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	She She S	18; BURIAL, CREMATION OR REMOVAL	Manner of injury
		Date Mar 22,1932	Nature of injury
	WRIT mation CAUSE	19. UNDERTAKER Hell Alow Due.	24. Was disease or injury in any way related to occupation of deceased?
No. 1	LEOH	(Address) Systemille Md.	If so, specify
z,	B C	or sur May 21 , 32 O Alana War	(Signed) Mary My Celo M.D.
>	z	20. FILED FIJALIE 1, 190 V CATALLY Registrat	(Address) Newselly Md

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis APR 2 1832	1915	Attack of epilepsy	1 week ago
Unronie interstituat nephritis	1921	Run over by strect car	1 week ago
Cerebral homorrhage BURDAU V.	July 5, 1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# PHYSICIANS should state IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. WITH UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

certificate.

Jo

TION is very important. See instructions on back

OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

62640

County Carroll County  Village or City Sykesville No. Springfield State Hosp St. War Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U.S. Hof foreign birth? Man ds. Hof foreign birth?	1. PLA	ACE OF I	DEATH				108	1
Village or City. Sykesville No. Springfield Stee Hospst. War (If death occurred in a hospital or institution, give in NAME innead of attect and number)  Length of residence in city or town where death occurred with a hospital or institution, give in NAME innead of attect and number)  2. FULL NAME. Loretta Schmidt  (a) Residence: No. 2434 Feit Avenue St. Ward Baltimore (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX COLOR OR RACE S. SINGLE, MARRIED, WIDDWED, Dalve Growth of Control of the March (Month) (Day)  Female White St. Ward Bell timore  1. DATE OF BEATH  March (Month) (Day)  1. DATE OF DEATH  March (Month) (Day)  1. DATE OF DEATH  March (Month) (Day)  1. DATE OF DEATH  1. DATE OF BEATH  1. DATE OF DEATH  1. DATE O	Cou	unty Car	roll C	ounty			Registration Dist. No. 74	
Langth of residence in city or town where death occurred.  2. FULL NAME. LOTE tha Schmidt  (a) Residence: No. 2434 Fait Avenue  (Usual place of shode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCE Owner the word)  5. If married, widowed, or divorced  (Usual place of shode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCE Owner the word)  5. If married, widowed, or divorced  (Ox) Wite of Oxide of Single Oxide of Single Oxide Oxide on the word)  5. If married, widowed, or divorced  (Ox) Wite of Oxide	Vill	lage or City_	Syke	svill	e	/1/	No. Springfield State Hosp st.	Ward
(a) Residence: No. 2434 Fait Avenue (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE Female  White  Sincile, Markiep, Wildowed, or divorced HUSBANO OR DIVORCED (write the word) HUSBANO OR DIVORCED (write the word)  So. If married, widowed, or divorced HUSBANO OR OF BIRTH (month, day, and year) HUSBANO OR OF BIRTH (month, day, and year)  June 30, 1909  1. AGE  Years  Months  Days  If LESS than Iday, hrs. or min.  So. If tade, profession, or particular kind of work done, as SPINNER, SAW MILL, BARK, etc.  SAW MILL, BARK, etc.  10. Date Geassed last worked at this occupation (month) and year)  SAW MILL, BARK, etc.  11. Total time (years) Span in this occupation (month and year)  PROUNDIA, JOHN Henry Schmidt  14. BIRTHPLACE (city or town).  Baltimore  (State or country)  What test confirmed diagnosis? Physical Examiners an autopsy? Not confirmed diagnosis? Physical Examiners and surpays? Not confirmed the physical Examiners and surpays? Not confirmed the physical Examiners and surpays? Not confirmed the physical Examiners and su	Len	igth of residen	ce in city or town	where death	occurred	yrs,2mos.	death occurred in a noipital or institution, give its IVAIVIE, instead of street and nunder the death occurred in a noipital or institution, give its IVAIVIE, instead of street and nunder the death occurred in a noipital or institution, give its IVAIVIE, instead of street and nunder the death occurred in a noipital or institution, give its IVAIVIE, instead of street and nunder the death occurred in a noipital or institution, give its IVAIVIE, instead of street and nunder the death occurred in a noipital or institution, give its IVAIVIE, instead of street and nunder the death occurred in a noipital or institution, give its IVAIVIE, instead of street and nunder the death occurred in a noipital or institution, give its IVAIVIE, instead of street and nunder the death occurred in a noipital or institution in the death occurred in a noipital or institution.	ds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Female  White  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Courie the word)  Female  White  Sa. It married, widowed, or divorced HISSAN (widowed, or divorced	2. FUI	LL NAME	Lor	etta	Schmid	lt		
21. DATE OF DEATH    Sample   White   Sample   White   Sample   Sample   White   White   Sample   White   Sample   White   White   Sample   White   White   Sample   White	(a)	Residence:	No. 243	4 Fai			St., . Ward. Baltimore  If nonresident give city or town and St.	ate
Female White Or Divorces (write the word)  5a. It married, widowed, or divorced (Month)  5a. It married, widowed, or divorced (Or) Wife of Single  2a. I HEREBY CERTIFY. That I attended decessed for January 5,932 to March 4, 1932  5b. DATE OF BIRTH (month, day, and year) June 30, 1909  7a. AGE Years Months Days If LESS than I day. hrs. or min.  2a. 8 It sew h. GT alive on March 4 1932 death is seen to have occurred on the date steted above, at 3:15P m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Saver, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc.  10. Date decessed last worked at the occupation month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town) Baltimore  13. NAME John Henry Schmidt  14. BIRTHPLACE (city or town) Germany  (State or country)  15. MAIDEN NAME Catherine Kahler  16. BIRTHPLACE (city or town) Baltimore  17. INFORMANT Springfield State Hospital (Address) Sykesville, Md.  18. BIRTHPLACE (EXPENDITE) Md.  18. When the success of importance: Demonstrate and properties.  18. Manner of injury occurred in INDUSTRY, in Home, or in PUBLIC PLACE.  When the did injury occurred in INDUSTRY, in Home, or in PUBLIC PLACE.  March (Month) (Day)  12. IFREBY CERTIFY, That I attended decessed for January 5,932 to March 4, 1932  18. Set March 4, 1932  18. ALEBERY CERTIFY. That I attended decessed for January 5,932 to March 4, 1938  19. Set March 4, 1938  10. Set March 4, 193	PE	ERSONAL	AND STA	TISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
59. If married, widowed, or divorced HUSBAND of (or) WIFE of  59. If married, widowed, or divorced HUSBAND of (or) WIFE of  59. If married, widowed, or divorced HUSBAND of (or) WIFE of  59. DATE OF BIRTH (month, day, and year) June 30, 1909  7. AGE  8. Months  8. Days  8. If LESS than 1 day. hrs. 0 of min. 1 how coccurred on the date steted above, a2:15P m. 1 how are observed as stell above, a2:15P m. 1 how are observed as stell above, a2:15P m. 1 how are observed as stell above, a2:15P m. 1 how are observed as the stell above, a2:15P m. 1 how are observed as the stell above, a2:15P m. 1 how are observed as the stell above, a2:15P m. 1 how are observed as the stell above, a2:15P m. 1 how are observed as the stell above, a2:15P m. 1 how are observed as the stell above, a2:15P m. 1 how are observed as the stell above, a2:15P m. 1 how are observed as the stell above, a2:15P m. 1 how are observed as the stell above, a2:15P m. 1 how are observed as the stell above, a2:15P m. 1 how are observed as the stell above, a2:15P m. 1 how are observed as the stell above, a2:15P m. 1 how are observed as the stell above, a2:15P m. 1 how are observed as the stell above, a2:15P m. 1					OR DIVORCE	D (write the word)	March 4	
6. DATE OF BIRTH (month, day, and year) June 30, 1909  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  22 8 If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SWAYER, BOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SWAYER, BOKKEPER, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation (month and year)  12. BIRTHPLACE (city or town) Baltimore (State or country)  13. NAME John Henry Schmidt  14. BIRTHPLACE (city or town) Germany (State or country)  15. MAIDEN NAME Catherine Kahler  16. BIRTHPLACE (city or town) Baltimore  16. BIRTHPLACE (city or town) Baltimore  17. INFORMANT Springfield State Hospital (Address) Sykesville, Md.  18. BRIAL (FEMAPYON, OR REMOVAL)  Manner of injury  Manner of	HUSB	AND of	or divorced				22. I HEREBY CERTIFY, That I attended de	ceased from
T. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Pneumonia, lobar,  Pne	6 DATE O	F PIPTU (mor	ath day and war	Tune	30	1000		,
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:    State of profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.   SAWYER, BOOKKEPER, etc.   SAWYER, BOOKKEPER, etc.   South and one as SPINNER, SAW MILL, BANK, etc.			1					
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town). Baltimore (State or country)  13. NAME John Henry Schmidt  14. BIRTHPLACE (city or town). Germany (State or country)  15. MAIDEN NAME Catherine Kahler  16. BIRTHPLACE (city or town). Baltimore (State or country)  17. INFORMANT Springfield State Hospital (Address) Sykesville, Md.  Manner of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury		22	8			1	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
this occupation (month and year)  12. BIRTHPLACE (city or town) Baltimore (State or country)  13. NAME John Henry Schmidt  14. BIRTHPLACE (city or town) Germany (State or country)  15. MAIDEN NAME Catherine Kahler  16. BIRTHPLACE (city or town) Baltimore (State or country)  17. INFORMANT Springfield State Hospital (Address) Sykesville, Md.  18. BIRTHPLACE (STANDAMENT) OR REMOVAL  Manner of injury	NOTATION 8. Tra	ade, profession kind of work SAWYER, BO	done, as SPINN OKKEEPER, etc ness in which		ne		Pneumonia, lobar,	-2-32
12. BIRTHPLACE (city or town) Baltimore	10. Da	this occupation	st worked at		11. Total t spa	ime (years) nt in this upation		
What test confirmed diagnosis? PRVSICAL EXWASTNERS an autopsy? NO  15. MAIDEN NAME Catherine Kahler  16. BIRTHPLACE (city or town) Baltimore (State or country)  17. INFORMANT Springfield State Hospital (Address) Sykesville, Md.  18. BURIAL, CREMANION, OR REMOVA)  18. BURIAL, CREMANION, OR REMOVA)  Manner of injury  What test confirmed diagnosis? PRVSICAL EXWASTNERS an autopsy? NO  Accident, suicide, or homicide? Date of injury			,	ltimo	re			1927
What test confirmed diagnosis? PRVSICAL EXWASTNERS an autopsy? NO  15. MAIDEN NAME Catherine Kahler  16. BIRTHPLACE (city or town) Baltimore (State or country)  17. INFORMANT Springfield State Hospital (Address) Sykesville, Md.  18. BURIAL, CREMANION, OR REMOVA)  18. BURIAL, CREMANION, OR REMOVA)  Manner of injury  What test confirmed diagnosis? PRVSICAL EXWASTNERS an autopsy? NO  Accident, suicide, or homicide? Date of injury	₩ 13. NA	AME JO	ohn Hen	ry Sc	hmidt			
15. MAIDEN NAME Catherine Kahler  16. BIRTHPLACE (city or town)  17. INFORMANT Springfield State Hospital (Address)  18. BURIAL, CREMANION, OR REMOVA)  18. BURIAL, CREMANION, OR REMOVA)  19. Manner of injury  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Springfield State Hospital  (Address)  Manner of injury  Manner of injury	14. BIF			Ge	rmany			onev? NO
(Specify city or town, county and State)  17. INFORMANT Springfield State Hospital (Address) Sykesville, Md.  18. BURIAL, CREMATION, OR REMOVAL  Manner of injury  Manner of injury	15. MA	AIDEN NAME	Cath	erine	Kahl	er		000000000000000000000000000000000000000
17. INFORMANT Springfield State Hospital Species whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Sykesville, Md.  18. BURIAL, CREMATION, OR REMOVAD  (Manner of injury Manner of inju	16. BII			Balt	imore		Where did injury occur?	, 19
Orak La man Carre Man 7 . 25			Springf Syk	ield esvil	State le, M	Hospital	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
	18. BURIAL	L, CREMATION			1.4.			
19. UNDERTAKER John C. Willer 3. 435' F. Sciver St. Batto:  [Address] 24. Was disease or injury in any way related to occupation of deceased?  If so, specify.		1/4	olu (	Deis	iller er 84	Balto.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Mar. 4, 1932 Chary New (Signed) John de Welfrerd M. M. (Address) Spring field & Late Chapitat  If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. De State Ville, We	20. FILED	Mar.		CSH	any	-	(Address) Skring field & tate bla full	11 11

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 2 P			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones C	May 1,1923	Gastroenteritis	1 year
3			

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF) DEATH	U2641
County Carroll	Registration Dist. No.
Village or City Research	to breeze reel & tale Antertained.
// (If	death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsyrs	. / O ds. How tong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Udelaide Elizabe	the scall of
(a) Residence: No. (Usual place of abode)	St., Ward. JE, Jue. Co. Man. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARKELLA	21. DATE OF DEATH March (Day) 193 2 (Year) .
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Willesm J. Scott	1 HEREBY CERTIFY, That I ettended deceased from 24, 1931, to March 19, 1932
6. DATE OF BIRTH (month, day, end yeer) See. 28 1855	I last saw het alive on Mass, 1902; deeth Is said
7. AGE Yeers Months Deys If LESS than 1 dayhrs.	to have occurred on the date stetod ebove, at
/6   2   / / or min.	were as follows:
8. Trade, profession, or particuler kind of work done, es SPINNEL, SAWYER, BOOKKEPER, etc.	7 /2
SAWYER, BOOKKEEPER, etc.	Louis viennesse N-12.
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, es SPINNEA, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year) year  11. Totel time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Washington &C	Other Contributory Causes of Importance:
(Stete or country)	Xenile dementes 193
I 13. NAME taleph & enumeri	
14. BIRTHPLACE (city or town) Vilegleia.	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Elyabeth Lewis	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MATDEN NAME Clyately Lewis  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Associal Telato	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMEN, OK REMOVAL WILL Date Male 19 16 32	Manner of injury
19. UNDERTAKER & Loyd Caises	24. Wes disease or injury in any wey releted to occupation of deceased?
(Address) Laftel Md.	If so, specify
20. FILED May 18, 1932 Odany Meritar.	(Signed) Mayer M. D.  (Address) Survey M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example I	and the state of t	Example II	
The principal cause of de of importance were as fol Arteriosclerosis	eath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	Abo E	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AFR Z 1132	July 5,1927	Peritonitis	3 days ago
	BUPHAU V. S			
Other contributory causes	s of importance:		Other contributory eauses of importance:	•
Gallstones		May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	180)
	County agrol	Registration Dist. No.
1	Village or City ' Mew Ar Lindson	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where dath occurredyrs ffm.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsniosds.
	2. FULL NAME William Chelder	
	(a) Residence: No.	St., Ward.
	(Usual place of about)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COHOR ON RACE A SINGLE MARRIED, WIDDWED.	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAY 24 1932
	5a. If married, widowed or divorced	(Month) (Dey) (Year)
	HUSBAND of Marting Sheffers	22. I HEREBY CERT1FY, That i attended deceased from 19
e.	6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is said
certificate	7. AGE Pears Months Days If LESS than 1 day,	to have occurred on the date stated above, at J. D. Tm.
ertij	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
oj o	8. Trade, profession, of particular kind of work dyne, as SPINNER, SAWYER, BOOKKEPER, ekc	Burned to create
back	9. Industry or business in which work was done, as SILK MILL.	
	SAW MILL, BANK, etc	
no si	this occupation (month and spent in this occupation	
instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
ruc	(State or country)	that he was alcoply
inst	13. NAME Ast Known	m
See	13. NAME  14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)  15. NAME  16. NAME	Neme of operation Date of
	(State or country)	What test confirmed diagnosis? Was there an autopsy?
ant	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. State or country	23. If death was due to external causes (VIOLENCE) fill in also the following:
important	16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide? (Callenbate of injury 19
im	17, INFORMANT Esphriam Hill	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
very	(Address) Month um sich	in Home
is v	18. BURIAL, CREMATION OR TOP OVALLE  Place  Place  Date  MAY2 619-632	Manner of injury
TION	Place 17 July 1	Nature of injury.
TIC	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
	20, FILED March 26, 132 Gran & Bundert Registrar.	(Signed) State Conoma D. (Address) Westminster and
	76 more blanks are model added to Company	N. O. I. C D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.			21117
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			SUE AS L

fee	letter under "Benson"	" 7/19/32	authorisma	correction
of c	alor of decases.		0 1	
	due 1			
U				

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

item of infor-

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oż	
-	

	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	2643
			39)	1
	County Carroll		Registration Dist. No.	7
	Village or City Sylcesvi	/11	No. Springfield State Hosp st,  death occurred in a hospital or institution, give its NAME instead of street and n  ds. How long in U.S. if of foreign birth?	1 \
- 1	Length of residence in city or town where death o	ccurredyrs,mos	ds. How long in U. S. if of foreign birth?	s ds.
	2. FULL NAME Jesse L.			
	(a) Residence: No. 202 Bellev		st., Ward. Hagerstown, Md.	
		Usual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
		NGLE, MARRIED, WIDOWED, R DIVORCED (write the word) WIOWOR	21. DATE OF DEATH March 1, (Month) (Day)	193 2 (Yeer)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Morgan (D	eceased)	22. I HEREBY CERTIFY. Thet I attended of November 11, 31 to March 1,	
te.	6. DATE OF BIRTH (month, day, end year) April		lest sew h im alive on March 1, 19 32	; death is said
fica	7. AGE Years Months	Days If LESS than I dey,hrs.	to heve occurred on the date stated above, at 9:10 Pm.	
certificate	70 10	1 or min.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance were as follows:	Date of onset
of ce	SAWTER BUURREFFER AIC	rmer	Diabetes	8 yrs.
back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
uo	10. Date deceesed lest worked at this occupation (apparts and year)	11. Total time (years) spant in this 48 occupetion	`\$	
instructions	12. BIRTHPLACE (city or town) (Stete or country) North Caro		Other Contributors Cours of Importence:	
str	E 13. NAME Love Smith			
See in	13. NAME Love Smith 14. BIRTHPLACE (city or town) (Stete or country) North Car	olina	Neme of operation Dete of What test confirmed diagnosis? Urine & blood Was there an a	utopsy? NO
ايد	15. MAIDEN NAME Teeney Cor	del	23. If death was due to externel causes (VIDLENCE) fill in also the following	
important.	16. BIRTHPLACE (city or town)	rolina	Accident, sulcide, or homicide? Date of Injury	, 19
very im	17. INFORMANT Hospital Reco	rds	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
S.	18. BURIAL, CREMATION, OR REMOVAL Highestoint, M.C. Det	Mac. 5- 1932	Manner of injury	
TION	19. UNDERTAKER Scotl F. Minnie (Address) Kaguston	ch m Md.	24. Wes disease or injury in any wey related to occupetion of deceased?	
)	20. FILED Mar. 2, 1937 CHS	my there	(Signed) John L. Welhered	M. D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis / / P9	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
V. 8			
Other contributory causes of importance:	1	Other contributory causes of importance:	342
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

FOR

MARGIN RESERVED

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causof importance were as follows:	Ses Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilanitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related cau of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURNAU V.S.			1277
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	02646
County Carriely	Registration Dist. No.
Village or City Rykesselly	No Remodell State Baskel Ward
/	death occurred in a hospital or institution, give its NAME instead of street and number)
60. 0. 1	ds. How long in U.S. if of toralgn birth?mosds.
2. FULL NAME Challeth Muyde	a Potting out
(a) Residence: No. 98826 and Seiffsto (Usual place of abode)	State Ward. Maculatic Resident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)  (Widoweld)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. It marriad, wildowed, or divorcad	
(or) WIFE of (Usknown) Suyder -	22. I HEREBY CERTIFY. That I attended daceased from
S DATE OF BIRTH (month day and year) Delit . 26 . 18 59	1307, 10
6. DATE OF BIRTH (month, day, and year) Surfat, 26; 1859 7. AGE Years Months Days If LESS than	1 last saw h alive on
7 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8. Trada, profassion, or particular	ware as follows:
O SAWYER, BOOKKEEPER, etc.	Vennel Pules malerage 19.81
9. Industry or business in which work was dona, as SILK MILL, SAW MILL RANK at	1701
O DAN MILE, DANN, OCC.	• •
10. Date daceased last worked at this occupation (month and year) spent in this occupation occupation	
(Max.el	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	Chrome Rephreties 1931
	Name of a station
14. BIRTHPLACE (city or town) Williamy (State or country)	Name of operation
15. MAIDEN NAME SEE Dacheling	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Lexura -	Accidant, suicida, or homicida? Date of Injury 19
(State or country)	Where did injury occur?
17. INFORMANT Parfit lecords - (Address) Strouble Ma	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Dalin Cem Date Marine, og	Natura of injury
19, UNDERTAKER Bokert S. Sille	24. Was disease or injury in any way related to occupation of declarate?
(Address) 7700 8 dynoulson h	If so, specify
20 FILED Mar 27 1932 C. Harry Weir	(Signed) May Less M. D.
Registrar,	(Addrass) Resulls 'Ma

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

or-	state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02647
infor	1	1. PLACE OF DEATH	(3)
of		County Carroll WITHIN CO.	Registration Dist. No.
item	should of OCC	Village or City Westminter	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
			ds. How long in U.S. If of foreign birth?yrsmosds.
Every	PHYSICIANS ict statement	2. FULL NAME Walter P. Sour	rell
). H	SIC	(a) Residence: No. Charles	St. Ward.
RECORD.	st	(Usual place of abode)	If nonresident give city or town and State
BC B	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	LY.	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  Mar 24  (Month) (Day) (Year)
ENT	T I	5a. If married, widowed, or divorced HUSBAND of	(month) (bay) (real)
BINDIN	X A C T I	(or) WIFE of Lewain Squirrell	22. File HEREBY CERTIFY That I attended deceased from 2 4 19 2 19 19 19
BINI		6. DATE OF BIRTH (month, day, and year) afril 7- 1873	I last saw harmalive on Mar 22, 1932; death is sald
- 1		7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 145 m.
OR	stated properl ertifica	54 11 19 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
E SI S		8. Trada profession or particular	Mys cardio Date of onset
ED	be of	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at Jahra in this spent in this	Chr. nystrilis
N F	may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
EB.		SAW MILL, BANK, etc	
RESERVED G INK—THIS	E slat it	10. Data deceased last worked at Laborathis occupation (month and Laborathis occupation)	
NG R	AGE that ions c	2 2 7	Other Contributory Courses of importance:
ADIN	l. se uct	12. BIRTHPLACE (city or town) Mean Wialmund	
MARGIN	supplied. AGH n terms, so tha ee instructions	13 NAME O when somewill	
A P	<u> </u>	E	Name of operation Date of
N H	- CO	4. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy? Zud
- E	= 70 .	15. MAIDEN NAME Elas Dans Black	23. If death was due to external causes (VIOLENCE) fill in also tha following:
	be carefu EATH in j important.	15. MAIDEN NAME Elza Jano Black 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury 19
LY	ld be car DEATH y import	State or country)	Where did injury occur?
Z	be EA' imp	17. INFORMANT Liveryn Daniell	Specify whether injury occurred in MDUSTRY, in HOME, or in PUBLIC PLACE,
) LA		(Address) Wishmit mid	
), E	shoul E OF is ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury / ON
	on ISE N	Placa Wielern Geopelate 5/26, 1932	Nature of Injury
WRITE	mation s CAUSE TION is	19. UNDERTAKER HB ankwel +5 ors	24. Wes disease or Injury In any way related to occupation of deceased?
B. B.		(Address) Westminster md	(Signed) (Signed) M. D.
Y Z	123	20, FILED. 1932 Registrar.	(Address)
		If more blambe are needed address State Penistran	N. Charles Street Belginson December 91 C No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

j	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run dyer by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory eauses of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run oper by street car  July 5,1927 Peritonitis  Other contributory eauses of importance:

-WRI

V. S. No. 1 B. ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02648
1. PLACE OF DEATH	3
County Conoce	Registration Dist. No. 2
Village or City Westimunts	NoSt.,Ward
(H	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos ds.
D2 0 0 11 1	us. The folig in 0.0. If of foligin briting a system of the foliation of t
2. FULL NAME day stephe	
(a) Residence: No. Welshirt astly TCFd (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. StNGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Month)  (Day)  (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That t attended deceased from
(or) WIFE of	murch 19 1932 to heart 9 192
6. DATE OF BERTH (month, day, and year) march 19/32	t tast saw h in slive on March 19, 1932 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et . 1:30 A-m.
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
9 Trade profession or particular	Still barn Date of one of
	24
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (yeers)	
O this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Welstungles P. F. S.	Dither Contributory Causes of Importance:
(State or country)	
13. NAME alber stephon	
13. NAME albert stephon  14. BIRTHPLACE (city or town) Drugy land.  (State or country)	Name of operation Date of
(otate of country)	What test confirmed diagnosis?
15. MAIDEN NAME (1) Martin  16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? Specify city or town, county and State)
17. INFORMANT (Address) Batturn Fr R.D.	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of tnjury
Place on fremsex Date 3/19, 1931	Nature of Injury
10 HADERTANED Callest Stephan _	24. Wes disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER (Address) Returned Ret	If so, specify
20, FILED 3/19 1932 Sklwoodword	(Signed) We Thereng spleaser M, D.
Regil rar.	(Address)/westminister has

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	Į.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
APR 6 1932				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		·		

N.B.

TION is very important. See instructions on back of certificate.

M	Jo u	plno	000
	iter	Sh	jo
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC
•	RECO	7. PH	Exact
MARGIN RESERVED FOR BINDING	MANENT	ACTLY	assified.
R BIN	A PER	ed EX	erly cl
) FO	SI SI	e stat	e prop
VE	TH	ld b	ay b
SER	NK	shou	it ma
RE	ING	AGE	e that
MARGIN	UNFAD	supplied.	r terms, s
•	WITH	efully	in plain
•	LAINLY,	uld be car	F DEATH
	WRITE !	mation sho	CAUSE O

state inforUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1. PLACE O	F DEATH	1	[[ary]			649
	County	Carro	11		Colore	ed Branch (23) Registration Dist. No. 74	
	Village or C	ity 1 er	nryton	, Maryle	nd	No.	Ward
	Length of resi	idence In city	or town where	death occurred	(1) yrs. Q mos	f death occurred in a hospital or institution, give its NAME instead of street and is	number)
-	2. FULL NA	ME Day	zid Tu	rtz Tayl	or		
	(a) Residen	ice: No. Te	exas,	altimor (Usuaiplace	of abode)	St., Ward.  If nonresident give city or town and	State
	PERSON	AL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX	4. COLOR	OR RACE		RIED, WIDOWED,  (write the word)	21. DATE OF DEATH March, 19, 1932	
	lale	Cold	ored	arri		(Month) (Day)	(Year)
5a.	. If married, widow HUSBAND ot (or) WIFE of			Taylor		22. I HEREBY CERTIFY, That I attended larch, 11, 1934s, to Larch, 19,	deceesed from
	2477 05 01000		n	ec., 28.	1890	I in March, 19, 1932	11900
	AGE Yea		Months	Days	If LESS than	to have occurred on the date stated above, at 3,30 m 11.	.; death is said
	4		2	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
_	8. Trade, profes	olu I		1 20	l ormin.	were as tollows: Pulmonary Tuberculosi	Date otonset
0	kind of w	vork done, as BDDKKEEPE	SPINNER.	Labore	r		
OCCUPATION	9- Industry or	business in w s done, as SILI	hich K MILL		<u> </u>		
200	10. Date decease	LL, BANK, etc.		I II Table			ipr.
ŏ		pation (month			tin this ——— pation		1931
			Caples	122	Patron	Other Contributory Causes of Importance:	
12.	BIRTHPLACE (cit (State or cour		Cocke	and			
2	13. NAME		-	e faulor	1		
FATHER							
FA	14. BIRTHPLACE (State or		Maryl	and		Name of operation Date of	7//
ER	15. MAIDEN NA	ME	Emma	Ringold		What test confirmed diagnosis? Was there an a 23. If death wes due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE	(city or town	\			Accident, suicide, or homicide? Date of Injury	
ž		country)	Marvl	and		Where did injury occur?	
17.	. INFORMANT (Address)	John	E.O'N	eill, N.	D.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
18.	BURIAL, CREMAT	IDN OR REM	DVAL	, 3/0	2/3	Manner of injury	
	Place 6	per	le ma	Date	2/,132	Nature of Injury	
19	UNDERTAKER	no, i	kuse	A6 A6	olland	24. Was disease or injury In any way related to occupation of deceased?	wo
13.	(Address)	163	180	upol He	illande	If so, specify	1
20	FILED 3/19/	32,19	John Marie Comment	un E C	Hoill	(Signed) Mr. Q O Mec	Cl., M. D.
	7-7-			Dol. loca	Registrar.	(Address) (Address)	ud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributeur course of important	j		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

em of infor-	should state	f OCCUPA.	
RECORD, Every it	Y. PHYSICIANS	Exact statement o	
S A PERMANENT	tated EXACTL	roperly classified.	rtificate.
HIS I	be s	be p	of ce
UNFADING INK-T	upplied. AGE should	terms, so that it may	e instructions on back
WITH	fully s	n plain	nt. Se
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02650

(a) Residence: No. Heanifished. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE TEMBLE  White  So. If married, widowed, or divorced HUSBAND of	Registration Dist. No.  No. Occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  G(Month)  (Dey)  1932  (Yaar)  1 HEREBY CERTIFY. That I attended deceased from 28 - 1932 to Mach. 3, 1932  st saw h. W. elive on Mach. 3 1932; death is said
(If death of residence in city or town where death occurred 4 yrs mos.  2. FULL NAME Lydial Crown Vrovida (a) Residence: No. Hoaneful (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE Tennale  Wheele  So. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  Township of the second of	occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Lydial Crown Where death occurred Hyproconsistence of the Color of Race (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  Tamale Husband of Color of divorced Husband of Color of Colo	How long in U.S. if of foreign birth? yrs. mos. ds.  Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  (Month) (Dey) , 193 2 (Year)  I HEREBY CERTIFY. That I attended deceased from 2 8 - 193 2 to McLs. 3 , 19 3 2
(a) Residence: No. Manufislead. Mid 3  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE Truck  OR DIVORCED (write the word)  Touristic widowed, or divorced HUSBAND of	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  (Month)  (Dey)  (Yaar)  1 HEREBY CERTIFY. That I attended deceased from 28 - 1932 to McLv. 3, 1932
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Tennale  Wheele  OR DIVORCED (write the word)  To a. If married, widowed, or divorced HUSBAND of	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  (Month)  (Month)  (Dey)  (Yaar)  1 HEREBY CERTIFY. That I attended deceased from 28, 1932 to McLv. 3,, 1932
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Tall financied, widowed, or divorced HUSBAND of	Month)  (Month)  (Dey)  (Yaar)  (Yaar)  (Yaar)  (Yaar)  (Yaar)  (Yaar)  (Yaar)  (Yaar)  (Yaar)
Famales Wheele OR DIVORCED (write the word)  5a. If married, widowed, or divorced  HUSBAND of	(Month) (Dey), 193.2 (Yaar)  I HEREBY CERTIFY. That I attended deceased from 28. 28. 1932 to Mcls. 3, 1932
HUSBAND of	I HEREBY CERTIFY. That I attended deceased from 28 - 1932 to Mclv. 3, 1932
6. DATE OF BIRTH (month, day, end yeer) July 27 - 1864  7. AGE Yeers Months Days If LESS than I day, hrs. or min.  8. Trede, profession, or perticular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. About the work was done, as SILK MILL. SAW MILL, BANK, etc.  10. Dete deceased less worked at this occupation (month and 2-28-32 cocupation). Other (State or country)  12. BIRTHPLACE (city or town) Manual Land.	nava occurred on the date steted ebove, et & 4 J R.m.  PRINCIPAL CAUSE OF DEATH and related causes of importance  Epas follows:  Dry Diffelus VJ C
(State or country)	ne of operation
15. MAIDEN NAME which the start 23. If 16. BIRTHPLACE (city or town) Manches test 'Acci  (Steta or country) Manghes test 'Whe	It test confirmed diegnosis? Was there an autopsy? Was there an autopsy? It death was due to external causes (VIOLENCE) fill in also the following: ident, suicide, or homicide? Date of injury
Piece Marachen Les Der Marache (2003)	nner of Injury
	Vas disease or injury in any wey releted to occupation of deceased?
20. FILED March H, 1932 Javin S. Lackter Registrar.  If more blanks are needed, address State Registrar, 2411 N	(Signed) Edgar In Duck M. D.  (Addrass Franchistead Mid.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	96.		

inforstate 1. PLACE OF DEATH plaous Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Langth of residence in city or town where death occurred ds. How long In U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_ statement 2. FULL NAME RECORD. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) 1932 PERMANENT (Month) (Day) (Year) classified 5a. If marriad, widowed, or divorced HUSBAND of 22 CERTIFY That I attended deceased from (or) WIFE of -× (2) certificate. 6. DATE OF BIRTH (month, day, and year) properly Days 7. AGE Years Months If LESS than to have occurred on the date stated above stated 1 day,...hrs. The PRINCIPAL CAUSE OF DEATH end ralated ceusas of importance 26 or \_\_\_\_\_nin. were as follows SI Date of onset 8. Trada, profession, or particular THIS OCCUPATION be kind of work done, as SPINNER. Jo SAWYER, BDDKKEEPER, etc. may back 1 Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ 1D. Date daceased last worked at no 11. Total time (years) this occupation (month and spent in this AGE that vaar) occupation instructions UNFADING Other Contributory Causes of importance. 80 12. BIRTHPLACE (city or town (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) carefully What tast confirmed diagnosis: MOTHER important. 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: E Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country Whare did Injury occur? .... should be (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE 17. INFORMANT (Address) OF 18. BURIAL, CREMATION. Mannar of Injury SE mation Nature of injury. LION 24. Wes disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED .... Registrar (Address)

BINDIN

FOR

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 doys ago
BUREAU T.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

# PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1		~		losis Sanatorium anch 23	
	County Carroll		TOTOR DE	Registration Dist. No. 74	
	Village or City Tenryton,	laryla	ad	NoSt.,	Ward
	length of recidence in city or town where de	eath occurred	(H	f death occurred in a hospital or institution, give its NAME instead of street and nu sds. How long in U.S. If of foreign birth?yrsmos.	mber)
			yismos	Syrsyrsmos.	03
2	. FULL NAME Grace Wes				
	(a) Residence: No. 927 S. S	(Usual place o			
-	PERSONAL AND STATISTI			If nonresident give city or town and St MEDICAL CERTIFICATE OF DEATH	ale
3. 5	SEX 4. COLOR OR RACE	5. SINGLE, MARR		21. DATE OF DEATH	
H	emale Colored		(write the word)	Mar 7, 1932 (Month) (Day)	198
		1101111	34	(Month) (Day)	(Yeer)
	If married, widowed, or divorced HUSBAND of (or) WIFE of	Westbro	2015	22. I HEREBY CERTIFY, That I attended de	ceased from
	Handel	HESCHI	301	Nov., 3, 1930, 19 , to Mar., 7, 193	3,49
6. 1	DATE OF BIRTH (month, day, and yeer) NO	v., 25,	1905	I last saw her alive on Mar. 7, 1932, 19;	death is sold
7. /	AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 1 • 50 _m. • 11 •	
	26 3	111	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Ditter
z	8. Trade, profession, or particular			Pulmonary Tuberculosis	Date of onset
OCCUPATION		Housewi	r'e		
JPA	9. Industry or business in which work was done, as SILK MILL,			2	Sept.
SCI	SAW MILL, BANK, etc	11. Total tir	ne (veers)	-	1930
0	this occupation (month and year)	spani	tin this		
	We-			Dther Contributory Causes of importance:	
12.	(State or country) South	Carolina	7	-	
2	13. NAME Lee W				
FATHER		111100			
FA	(Stete or country) South	Carolin	າ.a	Name of operation Dete of	4
2		e Spring		What test confirmed diagnosis?	opsy?_UC
MOTHER				23. If death was due to external causes (VIDL ENCE) fill In also the following:	
MO	16. BIRTHPLACE (city or town)————————————————————————————————————	Carolin	าล	Accident, suicide, or homicide? Date of injury	, 19
	lohn ' Oth	eill, M.	D	Where did injury occur? (Specify city or town, county and State)	
17.	(Address) Henryton, II		100	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAC	Ε.
18.	BURIAL, CREMATION OR REMOVAL	6	7 11	Manner of injury	
	Place Out / Norge	Mote Mi	132	1	
	18.1	0 5/10.	2.00.10	Nature of injury	Visa
19.	UNDERTAKER (Address)	11/2	of the	24. Was disease or injury In any way related to occupation of deceased?	110
	2/./.	8/2	12.	(Signed) Tiny 6, O'Nul	/ , , ,
20.	FILED 2/7/32, 19	1 Ach	Registrar.	(Address) TEccepton	Wed.
-		N. VII. 100	THE THE PARTY OF T	the state of the state of the state of the state of	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related cau of importance were as follows:	ises Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	7. (3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

FOR

MARGIN RESERVED

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 4 1992	July 5, 1927	Peritonitis	3 days ago
7740 V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN RESERVED FOR BINDIN

infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02654
Village or City Hoanshistead	Registration Dist. No. 7.7
Length of residence in city or town where death occurred.	death occurred in a hospital or institution, give its NAME instead of street and number)  — ds. How long in U.S. If of foreign birth?
(a) Residence: No. Magnification (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frucele   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  3 (Month) / 2 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Car) WIFE of Frank Wasnes	22. HEREBY CERTIFY. Tot I attended deceased from 13. 1932, to Melu. ZJ, 1932
6. DATE OF BIRTH (month, day, and year) Sefet. 4, 18 4 7. AGE Years Months Days If LESS than	I last saw h. Ev. alive on Mclu. 25, 1932; death is said
77 6 Z/ 1 day,hrs.	to have occurred on the date stated above, at 10-30 km.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEFPER, etc.  9. Industry or business in which	Lew. Culius-Delesons (Unikerone)
work was done, as SILK MILL, worked at this occupation (month and Muclus) -3 2 spent in this year)	Myocardial Wilitation 12de
12. BIRTHPLACE (city or town) Twwblesburg  (State or coughty)	General Cystilis from Nyro
13. NAME Jacob Misso;	Storie in Poladler
(State or country)	Name of operation Date of
15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Towbles burg.  (State or country)	23. If death was due to external causes (VIDLENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFDRMANT MIO Harry Wisness (Address) Magnifel Wisness	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR-REMOVAL Place Hampstead More 3-28, 1932	Manner of injury
19. UNDERTAKER EXCUS Alphorometers Auditory	24. Was disease or injury In any way related to occupation of deceased? No.
20. FILED Mar. 27, 1935 Orwish & Leister Registrar.	(Signed) Edgw/M. Bush M.D. (Address) Hampstead Mid.
If more blanks are needed, address State Registrar,	2411 N. Charles Street Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURNAU V.S.			
Other contributory causes of importance!		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BIND ~ FOR MNLY, WITH UNFADING INK---THIS IS MARGIN RESERVED

	02655
PLACE OF DEATH	STATE OF MARYLAND
De 111	CERTIFICATE OF DEATH
County	0
DN 16	Registration Dist. No.
Village or City Word (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Rou Mar	ie Wright tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Lingth (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
3 3 1932 (Month) (Day) (Year)	that I last saw h Oalive on 0 , 192
7 AGE [If LESS than	and that death occured on the date stated above, nt
day Q hrs.	The CAUSE OF DEATH * was as follows:
Mos. or O min.?	DEAD 1 214
(a) Trade, profession or particular kind of work	July March
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yss mrs dle
Q RIPTHPI ACE	Contributory Secondary
(State or country) Caroll 60 Md	Duration vis. 4 mos. ds
10 NAME OF DALL ALL ALL	(Signed) Starly Faill M.D.
FATHER Malph allower Vright	3 31 (982 (Address) Many Mg
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Erelyn Loretta Penn	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yis mos. ds. State yis ds. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
mas Enlin P. Mr. 46	Former or usual residence
(Address) Wordhir, Md	Morgan Chapel auty Cepr. = 7 3/1957
Filed Mar 3/ 1923 Qua M. Hewitt	6. M. Halts Hairield med
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 4

M

Z

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more receive at home, who are engaged in the duties of the cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plumter, tion applies to caeh and every person, irrespective of fulness of various pursuits can be known. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Peulnature of the business or industry, and therefore an tured 6 state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farner (reor given up on account of the DISEASE CAUSING DEATH, Housenaid, etc. If the occupation has been changed Poreman, For many occupations a single word or term on yrs). (b) Colton mill; (a) Salesman. (b) Groccry, For persons who have no occupation (b) Automobile foctory. The material .""Deal-

Statement of Cause of Death—Name, first, the DISMASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener the only definite synonym is "Epidemic eerebros inal meningitis"; Diphilieria (avoid use of "Croup"; Typhoid fener never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease (secondary use of "Tumor" inges, perilonaeum, etc., Carcinomu, Narcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic unqualified, is tetanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Inanition, Whooping carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Recommendations on statement of cause of as fracture of skull, and eonsequences (e.g., sepais, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association. ... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, cough; or intercurrent) affection need not be " " Marasmus, indefinite); Tuberculosis of lungs, menfor malignant neoplasins); Chronic " "Old Age, " "Shock," etc. valvular heart discuse; Nomenclature The eontributory Meusles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

TION is very important. See instructions on back of certi

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

AGE should be

A PERMANENT RECORD. Every item of infor- ed EXACTLY. PHYSICIANS should state perly classified. Exact statement of OCCUPA- ficate.	1. PLACE County_ Village	-60
CORD. Every i	2. FULL	residence in ci
PH act	PERS	ONAL AN
NT RECC LY. PI I. Exact	3. SEX	4. COLO
RMANEN X A C T L classified.	5a. If married, w HIISBAND (or) WIFE	dower or divo
ER X Cl	6. DATE OF BIR	TH (month, day
A PE ed E perly ficate	7. AGE	Years 20

# TATE OF MARYLAND—CERTIFICATE OF DEATH

02656

1. PLACE OF DEATH		82-20		
County Carroll			egistration Dist. No.	
Village or City (Sackhil)	<u></u>	No.	St.,	Ward
Length of residence in city or town where death oc		death occurred in a hospital or institution, gi		
2. FULL NAME	E. Ginal	ina		
(a) Residence: No.		St. Ward.		
	Jsual place of abode)		f nonresident give city or town a	
PERSONAL AND STATISTICAL			IFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SIN OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH	3 27	, 198 (Year)
5a. If married, widowes or divorced	11.0.		. 7,,,	
(OT) WIFE OF They dus Hene	Justine	22. 1 HEREBY CF	ERTIFY, That i attend	ed deceased from
6. DATE OF BIRTH (month, day, and year)	20, 1893		3-27- ,193	
7. AGE Years Months	Days If LESS than	to heve occurred on the date stated abov		
38 7	7   1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end were as follows:	related causes of importance	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER,		2 1 1		
SAWYER, BOOKKEEPER, etc.	, ,	Basal Cereb	al remon	acre-
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	untle			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupetion			
12. BIRTHPLACE (city or town)	10	Other Contributory Causes of importance	:	
(State or country)	0.	Ceul Gast	riles	
II 13. NAME alfred Line	Ime	1		
14. BIRTHPLACE (city of town)	)nas	Name of operation	Dete of	
(State of country)		What test confirmed diagnosis?	Wes there a	n au¹opsy?
H 15. MAIDEN NAME adde me	all	23. If death wes due to external causes (V		
16. BIRTHPLACE (city or town)	Trul	Accident, suicide, or homicide?	Date of injury	, 19
(State of County)	0	Where did Injury occur?(Sr	pecify city or town, county and S	tate)
17. INFORMANT	2 / 2000	Specify whether injury occurred in INDU	STRY, in HOME, or in PUBLIC	PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	my my			
Piacelimentown Jutalian Date	mar. 29 1932	Manner of Injury		
for restants	ran)	Nature of injury		
19. UNDERTAKER And Daniel Town	me	24. Was disease or injury In any way rela  If so, specify	ted to occupation of deceased?	
20. FILED March 18 1932 Voal	2008h	(Signed)	J. It Le	49M.D.
	Registrar.	(Address) - Add H	Mints	//
If more blanks as	e needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting	g V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year